

| No. W 3317                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Annual Report Form</b> 1999<br>Due No Later Than November 30,                                                          |                                                                                                                                                                                          | 2. Registered Agent and Office <b>NOT A P.O. BOX</b>                                                        |       |             |      |                        |      |       |     |  |                          |                 |        |    |       |  |                 |            |       |    |       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------|-------------|------|------------------------|------|-------|-----|--|--------------------------|-----------------|--------|----|-------|--|-----------------|------------|-------|----|-------|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FEE REQUIRED</b><br><br><b>* FIRST NOTICE *</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1. Mailing Address - Please Correct, If Not Correct<br><br>CRYSTAL MANAGEMENT LLC<br><br>PO BOX 384<br><br>EAGLE ID 83616 |                                                                                                                                                                                          | WOODROW DUNLAP<br>550 MILNER<br><br>BURLEY ID 83318<br><br>3. Organized Under the Laws of:<br><br>ID W 3317 |       |             |      |                        |      |       |     |  |                          |                 |        |    |       |  |                 |            |       |    |       |
| 4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b><br>Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input checked="" type="checkbox"/> Members (check one)<br><br><table border="0"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td></td> <td>B.O. ASSET HOLDING TRUST</td> <td>RR 2 BOX 240-49</td> <td>SALMON</td> <td>ID</td> <td>83407</td> </tr> <tr> <td></td> <td>A. SHLON PORTER</td> <td>PO BOX 384</td> <td>EAGLE</td> <td>ID</td> <td>83611</td> </tr> </tbody> </table> |                                                                                                                           |                                                                                                                                                                                          |                                                                                                             |       | Office held | Name | Street or P.O. Address | City | State | Zip |  | B.O. ASSET HOLDING TRUST | RR 2 BOX 240-49 | SALMON | ID | 83407 |  | A. SHLON PORTER | PO BOX 384 | EAGLE | ID | 83611 |
| Office held                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Name                                                                                                                      | Street or P.O. Address                                                                                                                                                                   | City                                                                                                        | State | Zip         |      |                        |      |       |     |  |                          |                 |        |    |       |  |                 |            |       |    |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | B.O. ASSET HOLDING TRUST                                                                                                  | RR 2 BOX 240-49                                                                                                                                                                          | SALMON                                                                                                      | ID    | 83407       |      |                        |      |       |     |  |                          |                 |        |    |       |  |                 |            |       |    |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | A. SHLON PORTER                                                                                                           | PO BOX 384                                                                                                                                                                               | EAGLE                                                                                                       | ID    | 83611       |      |                        |      |       |     |  |                          |                 |        |    |       |  |                 |            |       |    |       |
| 5. Signature of New Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                           | 6. Signature <br>Name (Typed or Printed) DANIEL R. EDWARDS Date 11/19/98<br>Title TREASURER CONTROLLER |                                                                                                             |       |             |      |                        |      |       |     |  |                          |                 |        |    |       |  |                 |            |       |    |       |

ISSUED: 07-03-1999

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