| <u> </u> | I . | ial Report Form | 1998 2. Registered Ager | nt and Office NOT A P.O. BOX |
|---|-----------------------------|---|------------------------------------|--|
| Return to: SECRETARY OF STATE | 1. Mailing Address - Ple | eter Than November 30, ase Correct, If Not Correct | 1817 GA | BROTHERS RNET CT. |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED | | ANSCROPTIONS, OTHERS | NAMPA | ID 83686 |
| * FIRST NOTICE * | NAMPA | ID 8368 | 3. Organized Undo | er the Laws of: |
| 4. Corporations: Enter Names and I Limited Liability Companies: Enter Names and I Limited Liability Companies: Enter Name Member Lisy Member Rand | er Names and Addresses | of D Managers or | Members (check one) | state <u>Zin</u> pa ID 83686 nupa IO 83686 |
| 5. Signature of New Registered | Agent 6. Signatu Name | 1/11/2 | Stoffeesbate _ Brothers Title ! | 8-3-98 Member |
| 193000 | DO NOT | TAPE OR STA | APLE) | 2893 |