

No. W 934	Due no later than March 31, 2005 Annual Report Form	2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	<div style="background-color: black; color: white; padding: 2px; text-align: center;">1. Mailing Address - Correct in this box, if applicable</div> TWIN STOP, L.L.C. MAC EVANS PO BOX 425 TWIN FALLS, ID 83303	MAC EVANS 3193 KIMBERLY RD TWIN FALLS, ID 83301 3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MEMBER</td> <td>MAC EVANS</td> <td>P.O. BOX 425</td> <td>Twin Falls</td> <td>ID</td> <td>83303</td> </tr> <tr> <td>"</td> <td>Jawice EVANS</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	MEMBER	MAC EVANS	P.O. BOX 425	Twin Falls	ID	83303	"	Jawice EVANS	"	"	"	"
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MEMBER	MAC EVANS	P.O. BOX 425	Twin Falls	ID	83303															
"	Jawice EVANS	"	"	"	"															
5. Organized Under the Laws of: IDAHO W 934	6. Signature <u>Mac Evans</u> Date <u>1-18-05</u> Name <small>Type or Print</small> <u>MAC EVANS</u> Title <u>MEMBER</u>																			