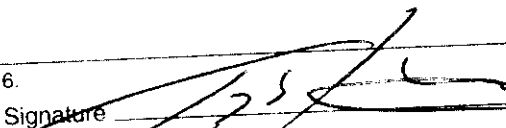


No. W 19490	Due no later than June 30, 2005 Annual Report Form	2. Registered Agent and Office NO PO BOX TERRY D LYNCH 6992 E MAPLEWOOD AVE # 3 POST FALLS, ID 83854 6955																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable NORTH IDAHO SPRINKLERS, LLC 6992 E MAPLEWOOD AVE # 3 POST FALLS, ID 83854 6955	3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table 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>Owner/Member</td> <td>TERRY D. LYNCH</td> <td>6992 E. Maplewood Ave #3</td> <td>Post Falls</td> <td>ID</td> <td>83854</td> </tr> <tr> <td>Owner/Member</td> <td>Debra S. LYNCH</td> <td>6992 E. Maplewood Ave #3</td> <td>Post Falls</td> <td>ID</td> <td>83854</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>	Owner/Member	TERRY D. LYNCH	6992 E. Maplewood Ave #3	Post Falls	ID	83854	Owner/Member	Debra S. LYNCH	6992 E. Maplewood Ave #3	Post Falls	ID	83854
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Owner/Member	Debra S. LYNCH	6992 E. Maplewood Ave #3	Post Falls	ID	83854															
5. Organized Under the Laws of: IDAHO W 19490	6.  Signature _____ Date <u>4/18/05</u> Name (Typed or Printed) <u>TERRY D LYNCH</u> Title <u>Owner/Member</u>																			

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Do Not Tape or Staple

Issued 04/01/2005