

No. W 15080	Due no later than April 30, 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	1. Mailing Address - Correct in this box, if applicable AURA LIGHT, L.C. 171 VEDELWOOD DR SANDPOINT, ID 83864		TAMMY R POWELL 171 VEDELWOOD DR SANDPOINT, ID 83864 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Tammy Powell</td> <td>171 Vedelwood Dr.</td> <td>Sandpoint</td> <td>ID</td> <td>83864</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>	Manager	Tammy Powell	171 Vedelwood Dr.	Sandpoint	ID	83864
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Manager	Tammy Powell	171 Vedelwood Dr.	Sandpoint	ID	83864										
5. Organized Under the Laws of: IDAHO W 15080		6. Signature <u>Tammy Powell</u> Date <u>3-14-05</u> Name (Typed or Printed) <u>Tammy Powell</u> Title <u>Manager</u>													