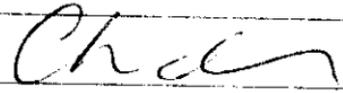


No. <b>W 12031</b>	<b>Due no later than May 31, 2005 Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address - Correct in this box, if applicable</b>  CDOWLS LTD. CO. CHARMAINE R ALLEN 165 SOUTHPORT AVE LEWISTON, ID 83501		CHARMAINE R ALLEN 165 SOUTHPORT AVE LEWISTON, ID 83501  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></td> <td>Member. CHARMAINE R ALLEN</td> <td>165 SOUTHPORT AVE.</td> <td>LEWISTON</td> <td>IDAHO</td> <td>83501</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. CHARMAINE R ALLEN	165 SOUTHPORT AVE.	LEWISTON	IDAHO	83501
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
	Member. CHARMAINE R ALLEN	165 SOUTHPORT AVE.	LEWISTON	IDAHO	83501										
5. Organized Under the Laws of:  IDAHO W 12031	6. Signature  Date <u>3-7-05</u> Name <small>(Printed)</small> _____ Title _____														