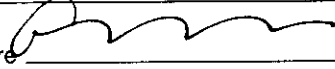


No. W 42263	Due no later than August 31, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable ECHO BAY, L.L.C. 820 E SHERMAN AVE COEUR D'ALENE, ID 83814		ANDY HOLLORAN 820 E SHERMAN AVE COEUR D'ALENE, ID 83814 3. <u>New</u> Registered Agent Signature																								
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>MANAGER</td> <td>STEVE ADELSON</td> <td>5334 E CALLE DEL MEDIO</td> <td>PHOENIX,</td> <td>AZ</td> <td>85018</td> </tr> <tr> <td>MEMBER</td> <td>SHELLEY ADELSON</td> <td>5334 E CALLE DEL MEDIO</td> <td>PHOENIX,</td> <td>AZ</td> <td>85018</td> </tr> <tr> <td>MEMBER</td> <td>LAURA HOLLORAN</td> <td>820 E SHERMAN AVE</td> <td>COEUR D'ALENE,</td> <td>ID</td> <td>83814</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	MANAGER	STEVE ADELSON	5334 E CALLE DEL MEDIO	PHOENIX,	AZ	85018	MEMBER	SHELLEY ADELSON	5334 E CALLE DEL MEDIO	PHOENIX,	AZ	85018	MEMBER	LAURA HOLLORAN	820 E SHERMAN AVE	COEUR D'ALENE,	ID	83814
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5. Organized Under the Laws of: ARIZONA W 42263		6.  Signature _____ Date <u>6-9-06</u> Name (Typed or Printed) <u>ANDY HOLLORAN</u> Title <u>MANAGER</u>																									

Issued 06/01/2006

Do Not Tape or Staple

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