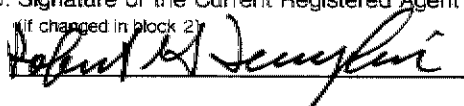
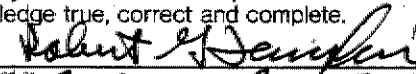


INSTRUCTIONS ON REVERSE SIDE

ISSUED: 07-05-1991

No. 223 Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	Idaho Limited Liability Company Annual Report Form Due No Later Than November 1, 1994 1. Mailing Address — MILLTOWN SERVICE CENTER, L.L.C. ROBERT G. TEMPLIN 414 EAST FIRST AVENUE POST FALLS ID 83854	2. Registered Agent and Office NOT A P.O. BOX ROBERT G. TEMPLIN 414 EAST FIRST AVENUE POST FALLS ID 83854 3. Organized Under The Laws of ID NO: 223										
4. Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) MUST BE PRINTED OR TYPED <table border="0"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>ROBERT G. TEMPLIN</td> <td>414 E First Avenue</td> <td>Post Falls</td> <td>ID</td> <td>83854</td> </tr> </tbody> </table>			Name	Street or P.O. Address	City	State	Zip	ROBERT G. TEMPLIN	414 E First Avenue	Post Falls	ID	83854
Name	Street or P.O. Address	City	State	Zip								
ROBERT G. TEMPLIN	414 E First Avenue	Post Falls	ID	83854								
5. Signature of the Current Registered Agent (if changed in block 2) 	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature  Name (Typed or Printed) ROBERT G. TEMPLIN											

Date 7-8-94