

No. W 1467	Due no later than August 31, 2004 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 FORT SIMON, L.L.C. CRAIG LEE WILLIAMSON 41436 BALD EAGLE DR LEWISTON, ID 83501	CRAIG LEE WILLIAMSON 41436 BALD EAGLE DR 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>MANAGER</td> <td>CRAIG L. WILLIAMSON</td> <td>41436 BALD EAGLE DR.</td> <td>LEWISTON</td> <td>ID</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>	MANAGER	CRAIG L. WILLIAMSON	41436 BALD EAGLE DR.	LEWISTON	ID	83501
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
MANAGER	CRAIG L. WILLIAMSON	41436 BALD EAGLE DR.	LEWISTON	ID	83501									
5. Organized Under the Laws of: IDAHO W 1467	6. Signature <u><i>C.L. Williamson</i></u> Date <u>6-22-04</u> Name <small>(Typed or Printed)</small> <u>CRAIG L. WILLIAMSON</u> Title <u>MANAGER</u>													