

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                   |                    |              |                               |             |              |            |                   |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------|-------------------------------|-------------|--------------|------------|-------------------|--|--|--|--|--|
| <b>No. W 409</b><br>Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Due no later than Jul 31, 2000<br/>Annual Report Form</b><br>1. Mailing Address - Correct in this box, if applicable<br>HOLDEN, KIDWELL, HAHN & CRAPO, P.L.<br><b>P.O. Box 50130</b><br><del>380 SHOUPE AVE 3RD FL</del><br><br>IDAHO FALLS, ID <del>83402</del> <b>83405</b> | 2. Registered Agent and Office <b>NO PO BOX</b><br>CHARLES A HOMER<br>330 SHOUPE AVE 3RD FL<br><br>IDAHO FALLS, ID 83402<br><br>3. New Registered Agent Signature |                    |              |                               |             |              |            |                   |  |  |  |  |  |
| 4. Limited Liability Companies: Enter Names and Addresses of Members.<br><table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><u>Office held</u></td> <td style="text-align: center;"><u>Name</u></td> <td style="text-align: center;"><u>Street or P.O. Address</u></td> <td style="text-align: center;"><u>City</u></td> <td style="text-align: center;"><u>State</u></td> <td style="text-align: center;"><u>Zip</u></td> </tr> <tr> <td colspan="6" style="text-align: center; height: 100px; vertical-align: middle;">           See Attached List         </td> </tr> </table> |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                   | <u>Office held</u> | <u>Name</u>  | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | See Attached List |  |  |  |  |  |
| <u>Office held</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u>Name</u>                                                                                                                                                                                                                                                                      | <u>Street or P.O. Address</u>                                                                                                                                     | <u>City</u>        | <u>State</u> | <u>Zip</u>                    |             |              |            |                   |  |  |  |  |  |
| See Attached List                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                   |                    |              |                               |             |              |            |                   |  |  |  |  |  |
| 5. Organized Under the Laws of:<br><br>IDAHO<br>W 409                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 6.<br>Signature <u>Charles A Homer</u> Date <u>7/6/00</u><br>Name <small>(Typed or Printed)</small> <u>Charles A Homer</u> Time <u>member</u>                                                                                                                                    |                                                                                                                                                                   |                    |              |                               |             |              |            |                   |  |  |  |  |  |

Issued 05/10/2000

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## IDAHO ANNUAL REPORT FORM

| <u>Office Held</u> | <u>Name</u>            | <u>Address</u> | <u>City</u> | <u>State</u> | <u>Zip Code</u> |
|--------------------|------------------------|----------------|-------------|--------------|-----------------|
| Members:           | Kent W. Foster         | PO Box 50130   | Idaho Falls | Idaho        | 83405           |
|                    | Robert E. Farnam       | PO Box 50130   | Idaho Falls | Idaho        | 83405           |
|                    | William D. Faler       | PO Box 50130   | Idaho Falls | Idaho        | 83405           |
|                    | Charles A. Homer       | PO Box 50130   | Idaho Falls | Idaho        | 83405           |
|                    | Gary L. Meikle         | PO Box 50130   | Idaho Falls | Idaho        | 83405           |
|                    | Donald L. Harris       | PO Box 50130   | Idaho Falls | Idaho        | 83405           |
|                    | Dale W. Storer         | PO Box 50130   | Idaho Falls | Idaho        | 83405           |
|                    | Marie T. Tyler         | PO Box 50130   | Idaho Falls | Idaho        | 83405           |
|                    | Robert M. Follett      | PO Box 50130   | Idaho Falls | Idaho        | 83405           |
|                    | Frederick J. Hahn, III | PO Box 50130   | Idaho Falls | Idaho        | 83405           |