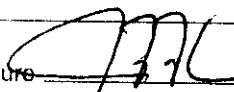


No. <b>W 10952</b>	<b>Due no later than January 31, 2005 Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable  FEDERATION POINTE, L.L.C. PO BOX 5491 TWIN FALLS, ID 83303		TOI, L.L.C. 139 RIVER VISTA PL TWIN FALLS, ID 83301  3. <u>New</u> Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MANAGING MEMBER</td> <td>J. FRANCIS FLORENCE</td> <td>4129 HIDDEN LAKES DR</td> <td>KIMBERLY</td> <td>ID</td> <td>83341</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>	MANAGING MEMBER	J. FRANCIS FLORENCE	4129 HIDDEN LAKES DR	KIMBERLY	ID	83341
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
MANAGING MEMBER	J. FRANCIS FLORENCE	4129 HIDDEN LAKES DR	KIMBERLY	ID	83341											
5. Organized Under the Laws of:  IDAHO W 10952		6. Signature  Date <u>11/8/04</u> Name <small>(if typed or printed)</small> <u>J. FRANCIS FLORENCE</u> Title <u>MANAGING MEMBER</u>														

Issued 11/01/2004

**Do Not Tape or Staple**

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