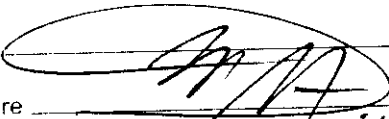


No. W 21661	Due no later than December 31, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX DAVID M SMITH 310 ELM ST IDAHO FALLS, ID 83402												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable SMITH AND COMPANY CPAS PLLC DAVID M SMITH 310 ELM ST IDAHO FALLS, ID 83402		3. New Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 15%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>David Smith</td> <td>310 Elm</td> <td>Idaho Falls</td> <td>ID</td> <td>83402</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>	Member	David Smith	310 Elm	Idaho Falls	ID	83402
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Member	David Smith	310 Elm	Idaho Falls	ID	83402										
5. Organized Under the Laws of: IDAHO W 21661		6.  Signature _____ Date <u>11-2-04</u> Name <small>(Typed or Printed)</small> <u>David M Smith</u> Title <u>member</u>													