No. **W 36386**	**Due no later than Feb 28, 2006** **Annual Report Form**	2. Registered Agent and Address **(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 needed.** LOCUST OFFICE, LLC GARY N NELSON 1031 EASTLAND DR STE 3B TWIN FALLS ID 83301 0000	GARY N NELSON 1031 EASTLAND DR STE 3B TWIN FALLS ID 83301 0000 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	GARY N NELSON	1031 EASTLAND DR STE 3B	TWIN FALLS	ID		83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
IDAHO **W 36386**	Signature: GARY N NELSON	Date: 01/19/2006
	Name (type or print): GARY N NELSON	Title: MANAGER

Processed 01/19/2006

* Electronically provided signatures are accepted as original signatures.