

No. W 4090	Due no later than May 31, 2003 Annual Report Form	2. Registered Agent and Office NO PO BOX KIM GROVER 635 N 1200 W BLACKFOOT, ID 83221																		
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 K&S PROPERTIES LIMITED CO. KIM GROVER 635 N 1200 W BLACKFOOT, ID 83221	3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; width: 10%;"><u>Office held</u></th> <th style="text-align: left; width: 15%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><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>Kim Grover</td> <td>635 N 1200 W</td> <td>Blackfoot</td> <td>ID</td> <td>83221</td> </tr> <tr> <td>Member</td> <td>Sue Grover</td> <td>" "</td> <td>" "</td> <td>" "</td> <td>" "</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	Kim Grover	635 N 1200 W	Blackfoot	ID	83221	Member	Sue Grover	" "	" "	" "	" "
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Member	Kim Grover	635 N 1200 W	Blackfoot	ID	83221															
Member	Sue Grover	" "	" "	" "	" "															
5. Organized Under the Laws of: <div style="text-align: center;">IDAHO W 4090</div>	6. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%;">Signature </td> <td style="width: 40%;">Date <u>3/10/03</u></td> </tr> <tr> <td>Name <small>(Typed or Printed)</small> <u>Kim Grover</u></td> <td>Title <u>Member</u></td> </tr> </table>		Signature	Date <u>3/10/03</u>	Name <small>(Typed or Printed)</small> <u>Kim Grover</u>	Title <u>Member</u>														
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