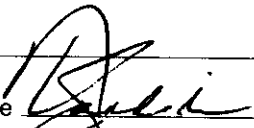


No. W 1047	Due no later than Apr 30, 2003		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		TOM GOODRICH												
	1. Mailing Address - Correct in this box, if applicable CREDITMASTER FINANCE, L.L.C. TOM GOODRICH 1560 W BROADWAY IDAHO FALLS, ID 83402		1560 W BROADWAY IDAHO FALLS, ID 83402 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="0"> <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>Tom Goodrich</td> <td>1560 W Broadway</td> <td>Idaho Falls</td> <td>Idaho</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>	Managing Member	Tom Goodrich	1560 W Broadway	Idaho Falls	Idaho	83402
<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	Tom Goodrich	1560 W Broadway	Idaho Falls	Idaho	83402										
5. Organized Under the Laws of: IDAHO W 1047	6.  Signature _____ Date <u>2/10/03</u> Name (Typed or Printed) <u>Tom Goodrich</u> Title <u>mg Member</u>														