

No. C 117559	Due no later than December 31, 2003 Annual Report Form	2. Registered Agent and Office NO PO BOX TAMMY LARSON 834 FALLS AVE STE 1020C TWIN FALLS, ID 83301
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 LARSON & COMPANY, INC. TAMMY LARSON 834 FALLS AVE STE 1020C TWIN FALLS, ID 83301	3. <u>New</u> Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRESIDENT	TAMMY LARSON	3566 N. 2700 E.	TWIN FALLS	ID	83301
SECRETARY	DOUG LARSON	3566 N. 2700 E.	TWIN FALLS	ID	83301

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO C 117559 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Signature <i>Tammy Larson</i></td> <td style="width: 40%;">Date <i>10/24/03</i></td> </tr> <tr> <td>Name (Typed or Printed) <i>TAMMY LARSON</i></td> <td>Title <i>Pres.</i></td> </tr> </table>	Signature <i>Tammy Larson</i>	Date <i>10/24/03</i>	Name (Typed or Printed) <i>TAMMY LARSON</i>	Title <i>Pres.</i>
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Name (Typed or Printed) <i>TAMMY LARSON</i>	Title <i>Pres.</i>				