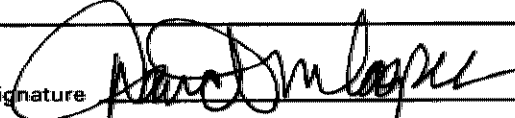
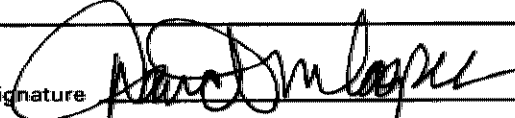
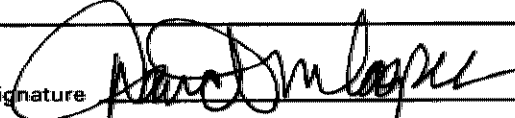


No. W 2879	Annual Report Form 1999 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct		DAVID M COOPER 155 SECOND AVE N TWIN FALLS ID 83301													
	COOPER NORMAN & CO., CERTIFI DAVID M COOPER P O BOX 394 TWIN FALLS ID 83303 0394		3. Organized Under the Laws of: ID W 2879													
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☒ Managers or ☐ Members (check one) <table border="1" data-bbox="24 372 1471 696"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>MANAGING MEMBER</td> <td>DAVID M. COOPER</td> <td>PO Box 394</td> <td>TWIN FALLS</td> <td>ID</td> <td>83303</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	MANAGING MEMBER	DAVID M. COOPER	PO Box 394	TWIN FALLS	ID	83303
Office held	Name	Street or P.O. Address	City	State	Zip											
MANAGING MEMBER	DAVID M. COOPER	PO Box 394	TWIN FALLS	ID	83303											
5. Signature of New Registered Agent		6. <table border="1" data-bbox="541 696 1471 851"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>8/3/99</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>DAVID M COOPER</td> <td>Title</td> <td>MANAGING MEMBER</td> </tr> </table>			Signature		Date	8/3/99	Name (Typed or Printed)	DAVID M COOPER	Title	MANAGING MEMBER				
Signature		Date	8/3/99													
Name (Typed or Printed)	DAVID M COOPER	Title	MANAGING MEMBER													

ISSUED: 07-03-1999

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