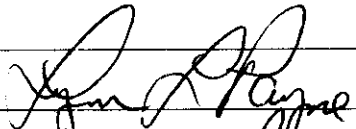


| | | | | | |
|--|---------------|---|--|--|--------------------|
| No. W 39487 | | Due no later than May 31, 2006 | | 2. Registered Agent and Office NO PO BOX | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form | | LYNN L PAYNE 12726 N LARAMIE POCATELLO, ID 83202 | |
| | | 1. Mailing Address - Correct in this box, if applicable | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | CERTIFIED RADON TESTING PROFESSIONAL PO BOX 5454 CHUBBUCK, ID 83202 | | 3. New Registered Agent Signature | |
| | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers. | | | | | |
| <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> |
| OWNER | LYNN L PAYNE | P.O. BOX 5454 | CHUBBUCK | ID | 83202 |
| MANAGER | MICHAEL PAYNE | " | " | " | " |
| MANAGER | BECKY PAYNE | " | " | " | " |
| 5. Organized Under the Laws of: | | | 6. | | |
| IDAHO W 39487 | | | Signature  | | Date 3-8-06 |
| | | | Name (Typed or Printed) LYNN L. PAYNE | | Title OWNER |