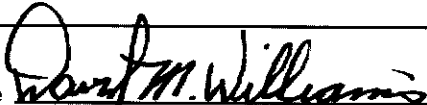
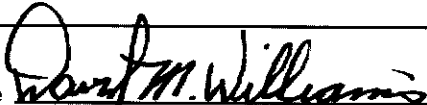
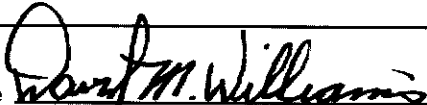


No. W 2145		Annual Report Form 1999 Due No Later Than November 30.		2. Registered Agent and Office NOT A P.O. BOX JAMES ELLIS 1337 LAVINE DR POCATELLO ID 83201													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *		1. Mailing Address Please Correct, If Not Correct BDSB FAR WEST OF IDAHO, L.C. DAVID M WILLIAMS 10238 WEEPING WILLOW DR SANDY UT 84070		3. Organized Under the Laws of: ID W 2145													
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input checked="" type="checkbox"/> Members (check one)																	
<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>Manager</td> <td>David M. Williams</td> <td>10238 So. Weeping Willow Dr.</td> <td>Sandy,</td> <td>UT</td> <td>84070</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>	Manager	David M. Williams	10238 So. Weeping Willow Dr.	Sandy,	UT	84070
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5. Signature of New Registered Agent		6. <table border="0"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td colspan="2">7/19/99</td> </tr> <tr> <td>Name</td> <td colspan="2">(Typed or Printed) DAVID M. WILLIAMS</td> <td>Title</td> <td>MEMBER</td> </tr> </table>				Signature		Date	7/19/99		Name	(Typed or Printed) DAVID M. WILLIAMS		Title	MEMBER		
Signature		Date	7/19/99														
Name	(Typed or Printed) DAVID M. WILLIAMS		Title	MEMBER													

ISSUED: 07-03-1999

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