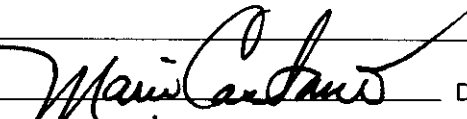


No. J 1197	Due no later than October 31, 2005 Annual Report Form		2. Registered Agent and Office <b>NO PO BOX</b>																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable  M CASTANO ART, LLP 11535 WILD ROSE CT BOISE, ID 83713 2565		LINDA SIMMONS 11535 WILD ROSE CT BOISE, ID 83713 2565  3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners. <table border="1"> <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>Partner</td> <td>MARIE CASTANO</td> <td>2841 Watch Point Rd</td> <td>Shoreham</td> <td>VT</td> <td>05770</td> </tr> <tr> <td>Partner</td> <td>Linda Simmons</td> <td></td> <td></td> <td></td> <td></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>	Partner	MARIE CASTANO	2841 Watch Point Rd	Shoreham	VT	05770	Partner	Linda Simmons				
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Partner	Linda Simmons																				
5. Organized Under the Laws of:  IDAHO J 1197		6. Signature  Date <u>10/19/05</u> Name (Typed or Printed) <u>MARIE CASTANO</u> Title <u>member</u>																			