

No. <b>W 31364</b>	<b>Due no later than Jun 30, 2005</b> <b>Annual Report Form</b>		2. Registered Agent and Address <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>	<b>1. Mailing Address: Correct in this box if needed.</b>		ROBERT KORB 128 SADDLE ROAD STE 103 KETCHUM ID 83340 6496			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	TIM SEMONES	P O BOX 6496	KETCHUM	ID		83340
5. Organized Under the Laws of:  <b>IDAHO W 31364</b>		6. Annual Report must be signed.* Signature: Tim Semones Name (type or print): Tim Semones Date: 08/08/2005 Title: Managing Member				
Processed 08/08/2005		* Electronically provided signatures are accepted as original signatures.				