	Due no later than Apr 30, 2002	3 D
Return to:	Annual Report Form	Registered Agent and Office NO PO BOX
SECRETARY OF STATE	Mailing Address - Correct in this box, if applicable	WILLIAM P WISE
700 WEST JEFFERSON	EMMETT SANITATION, L.C.	2200 S BOISE
PO BOX 83720	WILLIAM P WISE	
BOISE, ID 83720-0080	4555 FROZEN DOG ROAD	EMMETT, ID 83617
NO FILING FEE IF	EMMETT, ID 83617	3. New Registered Agent Signature
RECEIVED BY DUE DATE		Nogistered Agent Signature
 Limited Liability Compa 	enies: Enter Names and Addresses of Managers.	
Office held Name	Stroot of B.O. A. L.	
***	Street or P.O. Address City	d , State Zin
marger William F	Wris 4555 Frazen Dog Rd Comm Wis 4555 Frazen Dog Rd Comm	ett 3 da 83617
manager Desna R	Nie 4555 Frozen Dog Pd 5	# 10 0000
	7 J	\$ 3677
. Organized Under the Laws of:	6.	
	6. Signature William P / /	
IDAHO	6. Signature Willia Phlice	Date 2.17.62
	6. Signature William Police Name (Typed or W 1411Am P. W15	Date 2.14.62
IDAHO	6. Signature William C. Wis Name (Typed or William C. Wis Do Not Tape or Staple	Date 2.14.62 E Title Owner