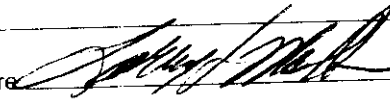


No. W 24648	Due no later than June 30, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable GRAVITY RECOVERY, LLC 200 E 39TH NORTH MOUNTAIN HOME, ID 83647		LARRY F MASHBURN 200 E 39TH NORTH MOUNTAIN HOME, ID 83647 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <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>Larry F. Mashburn</td> <td>200 E 39th N</td> <td>Mountain Home</td> <td>ID</td> <td>83647</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	Larry F. Mashburn	200 E 39th N	Mountain Home	ID	83647
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Manager	Larry F. Mashburn	200 E 39th N	Mountain Home	ID	83647										
5. Organized Under the Laws of: IDAHO W 24648	6. Signature  Date <u>4/15/04</u> Name (Typed or Printed) <u>Larry F. Mashburn</u> Title <u>Manager</u>														