

No. W 8562	Due no later than April 30, 2006 Annual Report Form	2. Registered Agent and Office NO PO BOX KAREN MARTINAT 1611 MAPLE AVE TWIN FALLS, ID 83301												
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 WEAVER L.L.C. (THE) KAREN MARTINAT 1611 MAPLE AVE TWIN FALLS, ID 83301	3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 5%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Karen Martinat</td> <td>1611 Maple Ave</td> <td>Twin Falls</td> <td>ID</td> <td>83301</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	Karen Martinat	1611 Maple Ave	Twin Falls	ID	83301
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
Manager	Karen Martinat	1611 Maple Ave	Twin Falls	ID	83301									
5. Organized Under the Laws of: IDAHO W 8562	6. Signature <u><i>Karen Martinat</i></u> Date <u>2/24/06</u> Name (Typed or Printed) <u>Karen Martinat</u> Title <u>manager</u>													

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Do Not Tape or Staple

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