

No. <b>W 3486</b>	<b>Annual Report Form</b> <b>1999</b> Due No Later Than November 30,		2. Registered Agent and Office <b>NOT A P.O. BOX</b>												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct If Not Correct		<b>THOMAS F MILLER</b> <b>435 S GREENFERRY RD</b>  <b>POST FALLS ID 83854</b>												
	<b>PROTO ONE, LLC</b> <b>THOMAS F MILLER</b> <b>435 S GREENFERRY RD</b>  <b>POST FALLS ID 83854</b>		3. Organized Under the Laws of:  <b>ID W 3486</b>												
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input checked="" type="checkbox"/> Members (check one) <table border="1" data-bbox="87 372 1531 478"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Thomas F. Miller</td> <td>435 S. Green Ferry Rd.</td> <td>Post Falls</td> <td>ID</td> <td>83854</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	President	Thomas F. Miller	435 S. Green Ferry Rd.	Post Falls	ID	83854
Office held	Name	Street or P.O. Address	City	State	Zip										
President	Thomas F. Miller	435 S. Green Ferry Rd.	Post Falls	ID	83854										
5. Signature of New Registered Agent	6. <table border="1"> <tr> <td>Signature</td> <td><i>Thomas F. Miller</i></td> <td>Date</td> <td><i>10/02/99</i></td> </tr> <tr> <td>Name (Typed or Printed)</td> <td><i>Thomas F. Miller</i></td> <td>Title</td> <td><i>President</i></td> </tr> </table>			Signature	<i>Thomas F. Miller</i>	Date	<i>10/02/99</i>	Name (Typed or Printed)	<i>Thomas F. Miller</i>	Title	<i>President</i>				
Signature	<i>Thomas F. Miller</i>	Date	<i>10/02/99</i>												
Name (Typed or Printed)	<i>Thomas F. Miller</i>	Title	<i>President</i>												

ISSUED: 07-03-1999

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