

No. W 33322	Due no later than September 30, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX CLEVE BUTTARS 32305 KIMBERLY RD TWIN FALLS, ID 83303																		
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 GROUP OF SIX, LLC CLEVE BUTTARS PO BOX 285 TWIN FALLS, ID 83303		3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">Manager/</td> <td style="vertical-align: top;">Cleve Buttars</td> <td style="vertical-align: top;">3205 Kimberly Rd E.</td> <td style="vertical-align: top;">Twin Falls</td> <td style="vertical-align: top;">ID</td> <td style="vertical-align: top;">83301</td> </tr> <tr> <td style="vertical-align: top;">Member</td> <td></td> <td style="vertical-align: top;">(Home) 1067 Laurelwood Ct</td> <td style="vertical-align: top;">Twin Falls</td> <td style="vertical-align: top;">ID</td> <td style="vertical-align: top;">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/	Cleve Buttars	3205 Kimberly Rd E.	Twin Falls	ID	83301	Member		(Home) 1067 Laurelwood Ct	Twin Falls	ID	83301
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5. Organized Under the Laws of: IDAHO W 33322		6. Signature  Name (Printed) <u>Cleve Buttars</u> Title <u>Manager</u>																			

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