No. W 22418	Due no later than January 31, 2006	
Return to:	Annual Report Form	2. Registered Agent and Office NO PO BOX
SECRETARY OF STATE	1. Mailing Address - Correct in this box, if applicable	MINA_DATE:
700 WEST JEFFERSON	MOUGI S FLURAL DECICAL LIA	
PO BOX 83720	LINDA BATES	ST ANTHONY, ID 83445
BOISE, ID 83720-0080	LINDA BATES  201 N BRIDGE 52 N Bridge ST ANTHONY, ID 83445	
NO FILING FEE IF	33,12 33113	
	_	3. New Registered Agent Signature
RECEIVED BY DUE DATE		Who will be a
" Limited Liability Compa	anies: Enter Names and Addresses of Managers.	Janes Jus
Office held Name	indicases of Managers.	<b>V</b>
^	Street or P.O. Address	ity o
Owner- Amondo	etrench 443N 2100 F = 10.	State Zip
00	DI HAY	hiny Id Fzyus-
MINOR. LINAZ	Bates 52 N Brill on A	111
1'		$\alpha$ $1$ $1$ $1$ $1$ $1$ $1$ $1$ $1$ $1$
1,	Diege St. A.	hony Id 83445
1,	Street or P.O. Address  French 443N 2100 E SI. Ant.  Bates 52N Bridge SI. A.	Mrkoly Id 83445
1,	St. A,	Though Id 83445
1'	St. A,	Thony Id 83445
1'	St. A,	Thony 12 83445
1,	St. A,	Thony Id 83445
1'	St. A,	Thony Id 83445
		Thony 12 83445
		Thony Id 83445
5. Organized Under the Laws of:		
5. Organized Under the Laws of: IDAHO		
5. Organized Under the Laws of:		
5. Organized Under the Laws of: IDAHO W 22418		
5. Organized Under the Laws of: IDAHO		