

No. W 48639	Due no later than March 31, 2007 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 ZIHUA PROPERTIES TWO, LLC 444 HOSPITAL WAY STE 555 POCATELLO, ID 83201		BRAD FRASURE 444 HOSPITAL WAY STE 555 POCATELLO, ID 83201												
			3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <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>1</td> <td>BRAD FRASURE</td> <td>444 HOSPITAL WAY STE 555</td> <td>POCATELLO</td> <td>IDAHO</td> <td>83201</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>	1	BRAD FRASURE	444 HOSPITAL WAY STE 555	POCATELLO	IDAHO	83201
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
1	BRAD FRASURE	444 HOSPITAL WAY STE 555	POCATELLO	IDAHO	83201										
5. Organized Under the Laws of: IDAHO W 48639		6. Signature <u>Brad Frasure</u> Date <u>1-8-07</u> Name (Typed or Printed) <u>BRAD FRASURE</u> Title _____													

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Do Not Tape or Staple

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