No. W 189	Due no later than January 31, 2005 Annual Report Form  1. Mailing Address - Correct in this box, if applicable  LOS COMPADRES, A LIMITED LIABILITY PO BOX 1118 WILSON, WY 83014	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		JOHN G ST. CLAIR 2105 CORONADO ST IDAHO FALLS, ID 83045 7495
4. Limited Liability Compan	ies: Enter Names and Addresses of Managers.	
Office held Name	Street or P.O. Address  L. McINTYRE PUBOX 1118  5 N. PRATT ROND JNCKSON	<u>State</u> <u>Zip</u>
5. Organized Under the Laws of:	) L.McINTYRE	
WYOMING W 189	Signature W Marine Signature DAVIO L, MC IN	Title Ofu. Mgz.
Issued 11/01/2004	Do Not Tape or Staple	2.00501E+11

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