No. <b>W 9556</b>		Annual Report Form  1. Mailing Address - Correct in this box, if applicable INTELLIGENT EMPLOYMENT SOLUTIONS OF DAVID M. COOPER  ***********************************		2. Registered Agent and Office NO PO BOX			
Return to: SECRETARY OF STA	11				VID M. COOPER 5 SECOND AVENUE NORTH		
700 WEST JEFFERS PO BOX 83720 BOISE, ID 83720-008	DAVI			TWIN FALLS, ID 83301  3. New Registered Agent Signature			
NO FILING FEE IF RECEIVED BY DUE I	TWIN						
<ol> <li>Limited Liability</li> </ol>	Companies: En	ter Names and Addresses	of Members.				
Office held Nam	<u>ne</u>	Street or P.O. Address	<u>City</u>		State	<u>Zîp</u>	
MANAGER DAV	ID COOPER	P.O. BOX 394	TWIN FALI	s	${f I\!D}$	83303-0394	
MANAGER GREC	G MCDONALD	P.O. BOX 6	TWIN FALI	s	ID	83303-0006	
MEMBER BRET	IT CHARLTON	147 SOUTH ARTHUR	POCATELLA	) :	ID	83204	
5. Organized Under the L IDAH W 95	0	6. Signature DAVID M	Mlaspis.	17	Date	126/2000 anagli	
ssued 06/01	1/2000	Do Not Tape or S			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	826	