

No. W 19555	Due no later than June 30, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX KORINNE T SWORD 14964 MASTERS DR CALDWELL, ID 83607																		
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 CINDY HUTTON & KORINNE T. SWORD, LLC KORINNE T SWORD 14964 MASTERS DR CALDWELL, ID 83607		3. New Registered Agent Signature 																		
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Office held</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Name</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Street or P.O. Address</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>City</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>State</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Pres</td> <td>Korinnetsword</td> <td>14964 Masters Dr.</td> <td>Caldwell</td> <td>ID</td> <td>83605</td> </tr> <tr> <td>VPres</td> <td>Cindy Hutton</td> <td>2119 Demar Pl.</td> <td>Nampa</td> <td>ID.</td> <td>83651</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>	Pres	Korinnetsword	14964 Masters Dr.	Caldwell	ID	83605	VPres	Cindy Hutton	2119 Demar Pl.	Nampa	ID.	83651
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5. Organized Under the Laws of: IDAHO W 19555		6. Signature <u>Korinne T Sword</u> Date <u>7-10-04</u> Name (Type or Printed) <u>Korinne T Sword</u> Title <u>Pres</u>																			