	Due no later than August 31, 2004	
Return to:	Annual Report Form	Registered Agent and Office NO PO BOX
SECRETARY OF STATE	 Mailing Address - Correct in this box, if applicable 	KRISTIN HOFF Sinclair
700 WEST JEFFERSON PO BOX 83720	HOFF & ASSOCIATES, LLC	1306 E BRAEMERE RD
BOISE, ID 83720-0080	KRISTIN HOFF	BOISE, ID 83702
20102, 10 03720-0080	PO BOX 9424	
NO FILING FEE IF	BOISE, ID 83707	2 Nov. D
RECEIVED BY DUE DATE		3. New Registered Agent Signature
Cirilled Liability Compa	anies: Enter Names and Addresses of Members.	
Office held Name	Street or P.O. Address	
0-11-11	1/000 0 300	State Zip
rresident Kristi,	AttoH Sinclair P.O. DOX 9424	30/8c /X 83707
rresident Kristin	Street or P.O. Address Attention P.O. Box 9424 T	3018c 18 83707
rresident Kristin	Hot Sinclair P.O. Box 9424	3018c 18 83707
rresident Kristin	AHOH Sinclair P.O. Box 9424 E	3018c 18 83707
rresident Kristin	AHOH Sinclair P.O. DOX9934	3018c 18 83707
rresident Kristin	Hott Sinclair P.O. Box 9424	BOISC 18 83707
rresident Kristin	AHOH Sinclair P.O. Box 9424 E	3018c 18 83707
rresident Kristin	AHOH Sinclair P.O. Box 9424 E	3018c 18 83707
		3018c 18 83707
5. Organized Under the Laws of:	6. de 1	3018c 18 83707
5. Organized Under the Laws of: IDAHO		
5. Organized Under the Laws of:	6. Signature	BOISC 18 83707
5. Organized Under the Laws of: IDAHO W 20235	6. de 1	Date 6/18/04
i. Organized Under the Laws of: IDAHO	6. Signature	