

| <b>No. W 5292</b>  | <b>Due no later than January 31, 2005<br/>Annual Report Form</b>           |  | 2. Registered Agent and Office <b>NO PO BOX</b>       |              |                    |             |                               |             |              |            |         |                   |             |        |    |       |
|--|--|--|---|--------------|--------------------|-------------|-------------------------------|-------------|--------------|------------|---------|-------------------|-------------|--------|----|-------|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>   | <b>1. Mailing Address - Correct in this box, if applicable</b>             |  | BARBARA COLEGROVE<br>COUNTY RD 12<br>NAPLES, ID 83847 |              |                    |             |                               |             |              |            |         |                   |             |        |    |       |
|  | COLEGROVE, LLC<br>CHRISTOPHER G COLEGROVE<br>PO BOX 17<br>NAPLES, ID 83847 |  | 3. <u>New</u> Registered Agent Signature              |              |                    |             |                               |             |              |            |         |                   |             |        |    |       |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1" data-bbox="349 404 1889 518"> <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>manager</td> <td>Barbara Colegrove</td> <td>P.O. Box 17</td> <td>Naples</td> <td>ID</td> <td>83847</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> | manager | Barbara Colegrove | P.O. Box 17 | Naples | ID | 83847 |
| <u>Office held</u>   | <u>Name</u>  | <u>Street or P.O. Address</u>  | <u>City</u>   | <u>State</u> | <u>Zip</u>         |             |                               |             |              |            |         |                   |             |        |    |       |
| manager  | Barbara Colegrove  | P.O. Box 17  | Naples  | ID           | 83847              |             |                               |             |              |            |         |                   |             |        |    |       |
| 5. Organized Under the Laws of:<br><br>IDAHO<br>W 5292   |  | 6. Signature <u>Barbara Colegrove</u> Date <u>01/31/05</u><br>Name <small>(Typed or Printed)</small> <u>Barbara Colegrove</u> Title <u>manager</u> |   |              |                    |             |                               |             |              |            |         |                   |             |        |    |       |