

No. W 5304	Due no later than Jan 31, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX												
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.		DIANNE E. CROMWELL 605 W FORT ST BOISE, ID 83702												
	TUCKER & ASSOCIATES, L.L.C. DIANNE E CROMWELL PO BOX 1625 BOISE, ID 83701														
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <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>Dianne E. Cromwell</td> <td>PO Box 1625</td> <td>Boise</td> <td>Id</td> <td>83702</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	Dianne E. Cromwell	PO Box 1625	Boise	Id	83702
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Manager	Dianne E. Cromwell	PO Box 1625	Boise	Id	83702										
5. Organized Under the Laws of: IDAHO W 5304		6. <table border="1"> <tr> <td>Signature <i>Dianne E. Cromwell</i></td> <td>Date <i>2-10-04</i></td> </tr> <tr> <td>Name (Typed or Printed) <i>Dianne E. Cromwell</i></td> <td>Title <i>Manager</i></td> </tr> </table>		Signature <i>Dianne E. Cromwell</i>	Date <i>2-10-04</i>	Name (Typed or Printed) <i>Dianne E. Cromwell</i>	Title <i>Manager</i>								
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