No. J 18	Due no late	r than Sep	otembe	er 30. 2	2005	<u> </u>		
Return to:	Annual Report Form					2. Registered Agent and Office NO PO BO		
SECRETARY OF STATE	1. Mailing Address	- Correct in t	his box	if appli	cablo	ROBERT	GROVE	R
700 WEST JEFFERSON	KELLER, YOUNG & G	ROVERLIP		- appire	saure	913 W RIV	ER ST S	TE 410
PO BOX 83720	ROBERT L GROVER				ĺ	BOISE, ID	83702	
BOISE, ID 83720-0080	913 W RIVER ST STE	410						
	BOISE, ID 83702							
NO FILING FEE IF						3. New Reg	istered A	gent Signature
RECEIVED BY DUE DATE								
 Limited Liability Partnersh Office held Name 	lips: Enter Names ar	nd Busines						
Office held Name		to Dusines	s Audi	resses	of two (2) or more	e partne	ers.
	Street or P.O. /	Address			City		State	Zip
Partner Robert L.	Grover 913 W	River	St.	Ste	410	Doine		
		ŧr		"	⁴¹⁰ ,	BOISE	ID	83702
Partner Julie A. H	lawkins " "	ŧT.	н		11	u		11
Partner William H.	Keller " "	11	11					**
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. Organized Under the Laws of:	6.	1.1						
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J 18				d -		Dat	e	11-05
<u> </u>	Name (Typed or Printed)	"_Kober	t L.	. G	rover	-	Par	4
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