No. W 1369 Return to: SECRETARY OF STATE	Due no later than Jul 31, 2003	2. Registered Agent and Office NO PO BOX
Return to:	Annual Report Form	CAROLYN DIMOND
CECDETARY OF STATE	Mailing Address - Correct in this box, if applicable	3059 SOUTH 1800 EAST
SEUNE INTO OF OUR	SERENDIPITY LIMITED LIABILITY COMPA	
700 WEST JEFFERSON PO BOX 83720	CAROLYN DIMOND	WENDELL, ID 83355
BOISE, ID 83720-0080	3059 SOUTH 1800 EAST	3. New Registered Agent Signature
	WENDELL, ID 83355	
NO FILING FEE IF	\$4 (*) 4D (**)	
RECEIVED BY DUE DATE	nies: Enter Names and Addresses of Managers.	_
 Limited Liability Compa 	Street or PO Address City	State Zip U Id 83355 Ed Id 83355
Office held Name	Street or P.O. Address City City	u Id (337)
Manager Carolyn D	imaid 307 S. 1500 E Wend	ed Id 83377
member Beverly	Monson size 3112	
III E II C		
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5 Organized Under the Laws of:	6. But I There	och note 5-8-03
5. Organized Under the Laws of:	Signature Bury Thon	Date 3-8-03
IDAHO	Signature Burly Thon	ou Title Member
	Signature Burry Hours Name (Typed or Beverly Mous	on Title Member