

No. W 1717	Due no later than November 30, 2003	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	Annual Report Form 1. Mailing Address - Correct in this box, if applicable HNH, L.L.C. TAMARA HARNEY 4194 PESHTIGO CT GRANDVILLE, MI 49418	GLORIA HAMILTON 940 TANGLEWOOD TWIN FALLS, ID 83301 3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;"><u>Office held</u></th> <th style="text-align: center;"><u>Name</u></th> <th style="text-align: center;"><u>Street or P.O. Address</u></th> <th style="text-align: center;"><u>City</u></th> <th style="text-align: center;"><u>State</u></th> <th style="text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">partner</td> <td>Tamara Harney</td> <td>4194 Peshtigo Ct</td> <td>Twin Falls,</td> <td>ID</td> <td>83301</td> </tr> <tr> <td style="text-align: center;">partner</td> <td>Herb Harney</td> <td>4194 Peshtigo Ct</td> <td>Twin Falls,</td> <td>ID</td> <td>83301</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>	partner	Tamara Harney	4194 Peshtigo Ct	Twin Falls,	ID	83301	partner	Herb Harney	4194 Peshtigo Ct	Twin Falls,	ID	83301
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5. Organized Under the Laws of: IDAHO W 1717	6. Signature <u>Tamara Harney</u> Date <u>9/12/03</u> Name <small>(Typed or Printed)</small> <u>Tamara Harney</u> Title _____																			