

No. W 830	Annual Report Form 1999 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct		MAX S ALBERTSON 350 SPOON DR POCATELLO ID 83204																			
	P & M, L.L.C. MAX S ALBERTSON 350 SPOON DR POCATELLO ID 83204		3. Organized Under the Laws of: ID W 830																			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Office held</th> <th style="width: 20%;">Name</th> <th style="width: 30%;">Street or P.O. Address</th> <th style="width: 15%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Max S. Albertson</td> <td>350 Spoon Dr</td> <td>Pocatello</td> <td>ID</td> <td></td> </tr> <tr> <td>Manager</td> <td>Pam Maguire</td> <td>1465 Sunset Rd</td> <td>Pocatello</td> <td>ID</td> <td>83204</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Manager	Max S. Albertson	350 Spoon Dr	Pocatello	ID		Manager	Pam Maguire	1465 Sunset Rd	Pocatello	ID	83204
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Manager	Pam Maguire	1465 Sunset Rd	Pocatello	ID	83204																	
5. Signature of New Registered Agent		6.																				
		Signature <u><i>Max S. Albertson</i></u> Date <u>July 12, 1999</u> Name (Typed or Printed) <u>MAX S. ALBERTSON</u> Title <u>Manager</u>																				

ISSUED: 07-03-1999

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