

<p>No. W 20163</p> <p>Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080</p> <p>NO FILING FEE IF RECEIVED BY DUE DATE</p>	<p>Due no later than Jul 31, 2004 Annual Report Form</p> <p>1. Mailing Address - Correct in this box, if applicable</p> <p>PREMIER POWER WASHING L.L.C.</p> <p>5630 ELKHORN AVE</p> <p>BOISE, ID 83705</p>	<p>2. Registered Agent and Office NO PO BOX</p> <p>KRIS J GILDESGAARD 5630 ELKHORN AVE</p> <p>BOISE, ID 83705</p> <p>3. <u>New</u> Registered Agent Signature</p>												
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers.</p> <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>OWNER/OPERATOR MANAGER</td> <td>KRIS J. GILDESGAARD</td> <td>5630 ELKHORN AVE.</td> <td>BOISE</td> <td>IDA.</td> <td>83705</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>	OWNER/OPERATOR MANAGER	KRIS J. GILDESGAARD	5630 ELKHORN AVE.	BOISE	IDA.	83705
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<p>5. Organized Under the Laws of:</p> <p>IDAHO W 20163</p>	<p>6.</p> <p>Signature <i>Kris J. Gildesgaard</i> Date <u>7/12/04</u></p> <p>Name (Typed or Printed): <u>KRIS J. GILDESGAARD</u> Title <u>OWNER/OPERATOR MANAGER</u></p>													