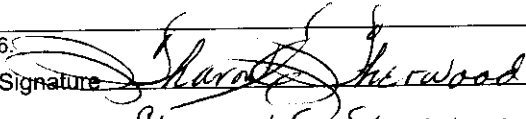


No. W 9977	Due no later than Oct 31, 2000 Annual Report Form		2. Registered Agent and Office NO PO BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable SHERWOOD STUDIOS LLC 3891 N. SAWGRASS PLACE 4889 RIVERVISTA PLACE BOISE, ID 83703 ⁴		SHARON E SHERWOOD 4889 RIVERVISTA PLACE 3891 N. SAWGRASS PLACE BOISE, ID 83703 ⁴ 3. New 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: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MANAGER,</td> <td>SHARON SHERWOOD</td> <td>3891 N. SAWGRASS PL</td> <td>BOISE</td> <td>ID</td> <td>83704</td> </tr> <tr> <td>MEMBER,</td> <td>FRANK MAAS</td> <td>3891 N. SAWGRASS PL</td> <td>BOISE</td> <td>ID</td> <td>83704</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>	MANAGER,	SHARON SHERWOOD	3891 N. SAWGRASS PL	BOISE	ID	83704	MEMBER,	FRANK MAAS	3891 N. SAWGRASS PL	BOISE	ID	83704
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MEMBER,	FRANK MAAS	3891 N. SAWGRASS PL	BOISE	ID	83704																	
5. Organized Under the Laws of: IDAHO W 9977		6. Signature  Date 12-1-2000 Name (Typed or Printed) SHARON E SHERWOOD Title MANAGER																				