

No. 180 Return To Secretary of State Room 203, Statehouse JED 800 83720 Boise, ID 83720-0000 SECRETARY OF STATE NO FEE REQUIRED	Idaho Limited Liability Company Annual Report Form <i>Due No Later Than November 1, 1994</i> 1. Mailing Address — Please Confirm, If Not Correct PARALLAX INVESTMENTS, L.C. CHRISTOPHER J BEESON PARK PLACE, SUITE 200 277 N 6TH ST BOISE ID 83702	2. Registered Agent and Office CHRISTOPHER J BEESON PARK PLACE, SUITE 200 277 N 6TH ST BOISE ID 83702 3. Organized Under The Laws of ID NO: 180																				
4. Names and Addresses of ☒ Managers or ☒ Members (check one) <table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Christopher J. Beeson Manager / Member</td> <td>P.O. Box 2720</td> <td>Boise</td> <td>Idaho</td> <td>83701</td> </tr> <tr> <td>XXXXXXXXXXXXXX</td> <td>XXXXXXXXXXXXXX</td> <td>XXXXXX</td> <td>XXXXXX</td> <td>XXXXXX</td> </tr> <tr> <td>XXXXXXXXXXXXXX</td> <td>XXXXXXXXXXXXXX</td> <td>XXXXXX</td> <td>XXXXXX</td> <td>XXXXXX</td> </tr> </tbody> </table>			Name	Street or P.O. Address	City	State	Zip	Christopher J. Beeson Manager / Member	P.O. Box 2720	Boise	Idaho	83701	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXX	XXXXXX	XXXXXX
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XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXX	XXXXXX	XXXXXX																		
5. Signature of the Current Registered Agent (If changed in block 2)  Christopher J. Beeson	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature  Date <u>7/17/94</u> Name (Typed or Printed) Christopher J. Beeson Director/President																					