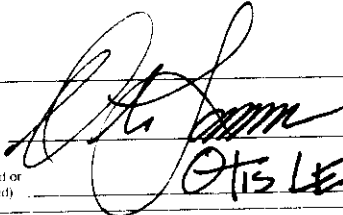


No. W 519	Due no later than September 30, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable ANN MORRISON PARK, L.L.C. OTIS LEMMON/ % CSHQA ARCHITECTS 250 S 5TH ST BOISE, ID 83702		OTIS W LEMMON 250 S 5TH ST BOISE, ID 83701 3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>MANAGING</td> <td>OTIS LEMMON</td> <td>250 S. 5TH ST.</td> <td>BOISE</td> <td>ID.</td> <td>83702</td> </tr> <tr> <td>MEMBERS</td> <td>JEFF SHNEIDER</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	MANAGING	OTIS LEMMON	250 S. 5TH ST.	BOISE	ID.	83702	MEMBERS	JEFF SHNEIDER	"	"	"	"
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MEMBERS	JEFF SHNEIDER	"	"	"	"																
5. Organized Under the Laws of: IDAHO W 519		6. Signature  Date 10.5.04 Name (Typed or Printed) OTIS LEMMON Title MANAGER																			