

No. W 1513 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Sep 30, 2001 Annual Report Form 1. Mailing Address - Correct in this box, if applicable AZURE, LLC CARL A BEAVERS, JR 3624 BONNIE LN BOISE, ID 83703	2. Registered Agent and Office NO PO BOX CARL A BEAVERS, JR 3624 BONNIE LN BOISE, ID 83703 3. <u>New</u> Registered Agent Signature																								
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 10%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 15%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MANAGING MEMBER</td> <td>CARL A. BEAVERS</td> <td>3624 BONNIE LN</td> <td>BOISE</td> <td>ID</td> <td>83703</td> </tr> <tr> <td>MANAGING MEMBER</td> <td>NORMA L. BEAVERS</td> <td>3624 BONNIE LN</td> <td>BOISE</td> <td>ID</td> <td>83703</td> </tr> <tr> <td>MEMBER</td> <td>CARLEE M. BEAVERS</td> <td>3624 BONNIE LN</td> <td>BOISE</td> <td>ID</td> <td>83703</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>	MANAGING MEMBER	CARL A. BEAVERS	3624 BONNIE LN	BOISE	ID	83703	MANAGING MEMBER	NORMA L. BEAVERS	3624 BONNIE LN	BOISE	ID	83703	MEMBER	CARLEE M. BEAVERS	3624 BONNIE LN	BOISE	ID	83703
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