

ISSUED: 07-04-1995

|                                                                                                                                                 |                                                                                                 |                                                                                                                                                                                                                                                                                          |                                                 |                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------|
| No. 550                                                                                                                                         | Idaho Limited Liability Company Annual Report Form                                              |                                                                                                                                                                                                                                                                                          | 2. Registered Agent and Office NOT A P.O. BOX   |                                      |
| Return To<br><br>Secretary of State<br>700 W Jefferson<br>P.O. Box 83720<br>Boise, ID 83720-0080<br>* FIRST NOTICE *<br>NO FEE REQUIRED         | Due No Later Than November 30, 1995                                                             |                                                                                                                                                                                                                                                                                          | ELDON S ANDERSON<br>3018 HEATHERWOOD RD         |                                      |
|                                                                                                                                                 | 1. Mailing Address -- Please Correct If Not Correct                                             |                                                                                                                                                                                                                                                                                          | TWIN FALLS ID 83301                             |                                      |
|                                                                                                                                                 | ANDERSON WAGNER, LTD. CO.<br>ELDON S ANDERSON<br>3018 HEATHERWOOD RD<br><br>TWIN FALLS ID 83301 |                                                                                                                                                                                                                                                                                          | 3. Organized Under The Laws of<br>ID<br>NO: 550 |                                      |
| 4. Names and Addresses of <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) MUST BE PRINTED OR TYPED |                                                                                                 |                                                                                                                                                                                                                                                                                          |                                                 |                                      |
| <u>Name</u><br><br>Eldon S. Anderson<br><br>Darlene M. Wagner                                                                                   | <u>Street or P.O. Address</u><br><br>3018 Heatherwood Rd.<br><br>3228 Meadow Ridge Cir.         | <u>City</u><br><br>Twin Falls<br><br>Twin Falls                                                                                                                                                                                                                                          | <u>State</u><br><br>ID.<br><br>ID.              | <u>Zip</u><br><br>83301<br><br>83301 |
| 5. Signature of the Current Registered Agent<br>(if changed in block 2)                                                                         |                                                                                                 | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.<br>Signature <br>Name (typed or printed) Eldon S. Anderson<br>Date 7-13-95 |                                                 |                                      |