

No. W 21391	Due no later than November 30, 2003		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	Annual Report Form		ANDREA HOLSINGER																			
	1. Mailing Address - Correct in this box if applicable		1143 N SNEAD																			
	P & J, LLC 1143 N SNEAD EAGLE, ID 83616		EAGLE, ID 83616																			
3. <u>New</u> Registered Agent Signature																						
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Andrea Holsinger</td> <td>1143 N. Snead</td> <td>Eagle</td> <td>ID</td> <td>83616</td> </tr> <tr> <td>manager</td> <td>Pam Helmanollar</td> <td></td> <td></td> <td></td> <td></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	Andrea Holsinger	1143 N. Snead	Eagle	ID	83616	manager	Pam Helmanollar				
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Manager	Andrea Holsinger	1143 N. Snead	Eagle	ID	83616																	
manager	Pam Helmanollar																					
5. Organized Under the Laws of: IDAHO W 21391		6. Signature <u>Andrea Holsinger</u> Date <u>11/30/03</u> Name <small>(Typed or Printed)</small> <u>Andrea Holsinger</u> Title <u>manager</u>																				