

No. **W 5127**

**Due no later than Dec 31, 2002  
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

1. Mailing Address - Correct in this box, if applicable

**BE & GE KATZ LIMITED LIABILITY COMP**  
  
1733 MAPLEWOOD DR  
  
TWIN FALLS, ID 83301

**BEN E KATZ**  
1733 MAPLEWOOD DR  
  
TWIN FALLS, ID 83301

3. New Registered Agent Signature

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	BEN E KATZ	1733 Maplewood Dr.	Twin Falls	Idaho	83301
Manager	Gloria E KATZ	1733 Maplewood Dr	Twin Falls	Idaho	83301

5. Organized Under the Laws of:

IDAHO  
W 5127

6.

Signature



Date

10/8/02

Name (Typed or Printed)

BEN E KATZ

Title

MANAGER