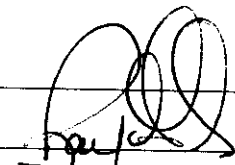


No. W 23644 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than April 30, 2006 Annual Report Form 1. Mailing Address - Correct in this box, if applicable GAMEL ENTERPRISES, LLC 43 N JOSEPH DR NAMPA, ID 83651 1234	2. Registered Agent and Office NO PO BOX RAY GAMEL 43 N JOSEPH DR NAMPA, ID 83651 1234 3. New Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <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: 20%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MANAGER</td> <td>RAYMOND GAMEL</td> <td>43 N. JOSEPH DR</td> <td>NAMPA</td> <td>ID</td> <td>83651</td> </tr> <tr> <td>MEMBER</td> <td>CHARLENE GAMEL</td> <td>43 N. JOSEPH DR</td> <td>NAMPA</td> <td>ID</td> <td>83651</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	RAYMOND GAMEL	43 N. JOSEPH DR	NAMPA	ID	83651	MEMBER	CHARLENE GAMEL	43 N. JOSEPH DR	NAMPA	ID	83651
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MEMBER	CHARLENE GAMEL	43 N. JOSEPH DR	NAMPA	ID	83651															
5. Organized Under the Laws of: IDAHO W 23644	6. Signature  Date <u>2/10/06</u> Name (Typed or Printed) <u>RAY GAMEL</u> Title <u>MANAGER</u>																			

Issued 02/02/2006

Do Not Tape or Staple

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