


No. W 15754	Due no later than June 30, 2004 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box if applicable		KENDALL B CHRISTENSEN 14 W RIVER BLACKFOOT, ID 83221 3. <u>New</u> Registered Agent Signature												
	KENDALL B. CHRISTENSEN PROPERTIES, 14 W RIVER BLACKFOOT, ID 83221														
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MANAGER</td> <td>KENDALL CHRISTENSEN.</td> <td>14 W. RIVER RD</td> <td>BLACKFOOT</td> <td>IDR.</td> <td>83221</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	KENDALL CHRISTENSEN.	14 W. RIVER RD	BLACKFOOT	IDR.	83221
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
MANAGER	KENDALL CHRISTENSEN.	14 W. RIVER RD	BLACKFOOT	IDR.	83221										
5. Organized Under the Laws of: IDAHO W 15754		6. Signature  Date <u>4/8/04</u> Name <small>(Typed or Printed)</small> <u>KENDALL CHRISTENSEN</u> Title _____													

Issued 04/01/2004

Do Not Tape or Staple

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