| Due no later than April 30, 2005 Annual Report Form 1. Mailing Address - Correct in this box, if applicable | LANGUAGI I SWOPE |
|--|---|
| 1. Mailing Address - Correct in this box, if application | MICHAEL J SWOPE 2897 SWALLOWTAIL LANE |
| | BOISE, ID 83706 |
| GRAND SLAM, L.L.C. MICHAEL J SWOPE 2897 SWALLOWTAIL LANE BOISE, ID 83706 | 3. New Registered Agent Signature |
| | |
| ies: Enter Names and Addresses of Managers | State Zip |
| Street or P.O Address | City 12706 |
| 2897, Jail | Boise |
| Swallowtall | 12766 |
| mis wife - E. | D 82,04 |
| municipal 121 · nout | Boise |
| Providence | |
| for Moorigan | |
| | |
| | |
| | |
| | |
| | C ALAK |
| 6. mary Care | Swope Date 2-9-05 |
| 6 Signature Mary Jane | Swope Date 2-9-05 |
| 6. Signature Mary Jane 5 | Swope Date 2-9-05 Swope Title ao manager |
| | 2897 SWALLOW FAIL LAINE |