


<b>No. W 10635</b>	<b>Due no later than December 31, 2003</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>  MICHAEL C TRANSTRUM 625 W BRIDGE  BLACKFOOT, ID 83221																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable  T-DENT PLLC  <del>PO BOX 458</del> 1198 E. Walker St.  BLACKFOOT, ID 83221		3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; margin-top: 10px;"> <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>MEMBER</td> <td>FRANKLIN D. TRANSTRUM</td> <td>1198 E. WALKER ST.,</td> <td>BLACKFOOT</td> <td>ID</td> <td>83221</td> </tr> <tr> <td>MEMBER</td> <td>MICHAEL C. TRANSTRUM</td> <td>4402 Pine Tree</td> <td>Orchard Lake</td> <td>MI</td> <td>48323</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>	MEMBER	FRANKLIN D. TRANSTRUM	1198 E. WALKER ST.,	BLACKFOOT	ID	83221	MEMBER	MICHAEL C. TRANSTRUM	4402 Pine Tree	Orchard Lake	MI	48323
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5. Organized Under the Laws of:  <div style="text-align: center;">IDAHO W 10635</div>		6. Signature  Date <u>11-28-03</u>  Name (Printed) <u>FRANKLIN D. TRANSTRUM</u> Title <u>MEMBER</u>																			