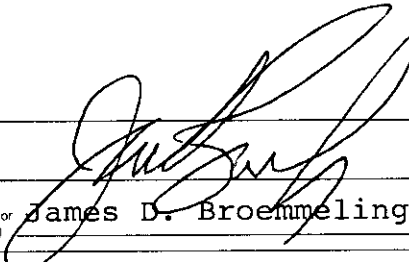


No. W 1006	Due no later than Mar 31, 2001 Annual Report Form	2. Registered Agent and Office NO PO BOX JAMES B HIGGINS 3434 6TH ST LEWISTON, ID 83501																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable TRINITY UNLIMITED, L.L.C. % PIKE & GITTINS PO BOX 191 CLARKSTON, WA 99403	3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse;"> <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>James D. Broemmeling</td> <td>1325 3rd St.</td> <td>Clarkston</td> <td>WA</td> <td>99403</td> </tr> <tr> <td>Member</td> <td>James B. Higgins</td> <td>P. O. Box 1686</td> <td>Lewiston</td> <td>ID</td> <td>83501</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	James D. Broemmeling	1325 3rd St.	Clarkston	WA	99403	Member	James B. Higgins	P. O. Box 1686	Lewiston	ID	83501
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>															
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Member	James B. Higgins	P. O. Box 1686	Lewiston	ID	83501															
5. Organized Under the Laws of: WASHINGTON W 1006	6. Signature  Date <u>1-19-01</u> Title: <u>Member</u> Name (Typed or Printed) <u>James D. Broemmeling</u> XXXX																			