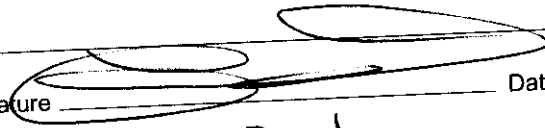


No. <b>W 12563</b>	<b>Due no later than Jul 31, 2002</b> <b>Annual Report Form</b>	2. Registered Agent and Office <b>NO PO BOX</b>												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		THOMAS P ZIEGLER UNIT B-12 10TH STREET CENTER  KETCHUM, ID 83340												
1. Mailing Address - Correct in this box, if applicable EAST CAPE RESIDENCE, AN IDAHO LIMIT  PO BOX 2020  KETCHUM, ID 83340		3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="0"><thead><tr><th><u>Office held</u></th><th><u>Name</u></th><th><u>Street or P.O. Address</u></th><th><u>City</u></th><th><u>State</u></th><th><u>Zip</u></th></tr></thead><tbody><tr><td>Manager</td><td>Thomas P. Ziegler</td><td>P.O. Box 2020</td><td>Ketchum,</td><td>ID</td><td>83340</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	Thomas P. Ziegler	P.O. Box 2020	Ketchum,	ID	83340
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
Manager	Thomas P. Ziegler	P.O. Box 2020	Ketchum,	ID	83340									
5. Organized Under the Laws of:  IDAHO W 12563	6.  Signature _____ Date <u>6/18/02</u> Name (Typed or Printed) <u>Thomas Ziegler</u> Title <u>Manager</u>													