


No. W 4584	Due no later than September 30, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX RON ARNOLD 147 N 2ND E #1 REXBURG, ID 83440												
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 CLOUD NINE PERSONNEL, L.L.C. 147 N 2ND E #1 REXBURG, ID 83440		3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <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>MANAGER</td> <td>RON ARNOLD</td> <td>147 N. 2ND E. #1</td> <td>REXBURG</td> <td>ID</td> <td>83440</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	RON ARNOLD	147 N. 2 ND E. #1	REXBURG	ID	83440
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
MANAGER	RON ARNOLD	147 N. 2 ND E. #1	REXBURG	ID	83440										
5. Organized Under the Laws of: IDAHO W 4584		6. Signature  Name (Typed or Printed) <u>RON ARNOLD</u> Date <u>8-8-03</u> Title <u>MANAGER</u>													