

<b>No. W 13251</b>	<b>Due no later than Oct 31, 2002</b> <b>Annual Report Form</b>	2. Registered Agent and Office <b>NO PO BOX</b>  CARRIE WAHL 137 WISCONSIN ST  OROFINO, ID 83544																		
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>	<b>1. Mailing Address - Correct in this box, if applicable</b> WAHL TO WAHL SERVICES, LLC  PO BOX 581  OROFINO, ID 83544	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>Owner</td> <td>Les Wahl</td> <td>20748 Riverbend Ln</td> <td>Lenore</td> <td>ID</td> <td>83541</td> </tr> <tr> <td>Owner</td> <td>Carrie Wahl</td> <td>20748 "</td> <td>"</td> <td></td> <td></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>	Owner	Les Wahl	20748 Riverbend Ln	Lenore	ID	83541	Owner	Carrie Wahl	20748 "	"		
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Owner	Carrie Wahl	20748 "	"																	
5. Organized Under the Laws of:  <div style="text-align: center;">IDAHO W 13251</div>	6. <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">Signature <u>Carrie Wahl</u></td> <td style="width: 50%;">Date <u>12-15-02</u></td> </tr> <tr> <td>Name <small>(Typed or Printed)</small> <u>Carrie Wahl</u></td> <td>Title <u>Owner</u></td> </tr> </table>		Signature <u>Carrie Wahl</u>	Date <u>12-15-02</u>	Name <small>(Typed or Printed)</small> <u>Carrie Wahl</u>	Title <u>Owner</u>														
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Do Not Tape or Staple