

No. W 18455		Due no later than Mar 31, 2007		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. TUSCANY PROPERTY MANAGEMENT, LLC ALLYSON BURNHAM 444 HOSPITAL WAY STE 555 POCATELLO ID 83201		BRAD FRASURE 444 HOSPITAL WAY STE 777 POCATELLO ID 83201	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MEMBER	BRAD FRASURE	444 HOSPITAL WAY, SUITE 555	POCATELLO	ID	83201
MEMBER	BILLY B ISLEY	444 HOSPITAL WAY, SUITE 555	POCATELLO	ID	83201
5. Organized Under the Laws of: IDAHO W 18455		6. Annual Report must be signed.* Signature: Brad Frasure Name (type or print): Brad Frasure Date: 04/09/2007 Title: Member			
Processed 04/09/2007		* Electronically provided signatures are accepted as original signatures.			