

No. <b>W 6344</b>	<b>Annual Report Form</b> 1999 Due No Later Than November 30.	2. Registered Agent and Office <b>NOT A P.O. BOX</b>																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct. If Not Correct  <b>COOLEY &amp; JONES, L.L.C.</b> <b>SHERIE A COOLEY</b> <del>619 WEST 1ST</del> <del>P.O. Box 873</del>  <b>GLENN'S FERRY ID 83623</b>	<b>SHERIE A COOLEY</b> <b>619 WEST 1ST</b>  <b>GLENN'S FERRY ID 83623</b>  3. Organized Under the Laws of:  <b>ID W 6344</b>																		
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)  <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td></td> <td>LLOYD W. JONES,</td> <td>P.O. BOX 873,</td> <td>GLENN'S FERRY,</td> <td>ID</td> <td>83623</td> </tr> <tr> <td></td> <td>SHERIE A. COOLEY,</td> <td>P.O. BOX 873,</td> <td>GLENN'S FERRY,</td> <td>ID</td> <td>83623</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip		LLOYD W. JONES,	P.O. BOX 873,	GLENN'S FERRY,	ID	83623		SHERIE A. COOLEY,	P.O. BOX 873,	GLENN'S FERRY,	ID	83623
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5. Signature of New Registered Agent	6. <table border="1"> <tr> <td>Signature <u>Sherie Cooley</u></td> <td>Date <u>7-20-99</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>Sherie Cooley</u></td> <td>Title _____</td> </tr> </table>		Signature <u>Sherie Cooley</u>	Date <u>7-20-99</u>	Name (Typed or Printed) <u>Sherie Cooley</u>	Title _____														
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ISSUED: 07-03-1999

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