

No. W 11654		Due no later than Apr 30, 2001 Annual Report Form		2. Registered Agent and Office NO PO BOX RHONDA L COVELLI 4004 SHORELINE DR POST FALLS, ID 83814													
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 HEUSTON COVELLI, LLC RHONDA L COVELLI 4004 SHORELINE DR POST FALLS, ID 83814		3. <u>New</u> Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Managers.																	
<table border="1"> <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>President</td> <td>Rhonda L. Covelli</td> <td>4004 E. Shoreline Dr</td> <td>Post Falls</td> <td>ID</td> <td>83854</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>	President	Rhonda L. Covelli	4004 E. Shoreline Dr	Post Falls	ID	83854
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>												
President	Rhonda L. Covelli	4004 E. Shoreline Dr	Post Falls	ID	83854												
5. Organized Under the Laws of: IDAHO W 11654		6. Signature <u>Rhonda L. Covelli</u> Date <u>2/10/01</u> Name <small>(Typed or Printed)</small> <u>Rhonda L. Covelli</u> Title: <u>president</u> X															