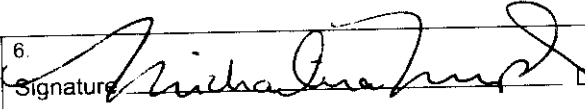


No. W 16426	Due no later than September 30, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX MICHAELINA MURPHY 117 S 9TH AVE STE 7 CALDWELL, ID 83605																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box if applicable MURPHY LAW OFFICE, PLLC 117 S 9TH AVE STE 7 CALDWELL, ID 83605		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>Managing Member</td> <td>Michaelina Murphy</td> <td>POB.339</td> <td>Caldwell,</td> <td>ID</td> <td>83606</td> </tr> <tr> <td>Managing Member</td> <td>Charles M. Murphy</td> <td>PO.B.339</td> <td>Caldwell,</td> <td>ID</td> <td>83606</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>	Managing Member	Michaelina Murphy	POB.339	Caldwell,	ID	83606	Managing Member	Charles M. Murphy	PO.B.339	Caldwell,	ID	83606
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Managing Member	Charles M. Murphy	PO.B.339	Caldwell,	ID	83606																
5. Organized Under the Laws of: <div style="text-align: center;">IDAHO W 16426</div>		6.  Signature _____ Date <u>7-14-03</u> Name <small>(Typed or Printed)</small> <u>Michaelina Murphy</u> Title <u>Managing Member</u>																			