

No. **W 9372**

Due no later than July 31, 2005

Annual Report Form

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

BMA, L.L.C. **PO BOX K**
804 E CENTER ST
POCATELLO, ID 83201

2. Registered Agent and Office **NO PO BOX**

JAMES L MORPHEY
804 E CENTER ST
POCATELLO, ID 83201

**NO FILING FEE IF
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MANAGER	JAMES L. MORPHEY	PO BOX K	Pocatello	ID	83201

5. Organized Under the Laws of:

IDAHO
W 9372

6.

Signature

[Signature]

Date 5/1/05

Name

(Typed or
Printed)

JAMES L MORPHEY

Title Manager

Issued 05/02/2005

Do Not Tape or Staple

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