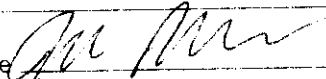


No. W 32090	Due no later than July 31, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX JOEL D PHILLIPS 139 S 11TH POCATELLO, ID 83201												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable SNOWED-INN LLC PO BOX 4124 POCATELLO, ID 83205 4124		3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MEMBER</td> <td>JOEL PHILLIPS</td> <td>PO BOX 4124</td> <td>POCATELLO</td> <td>ID</td> <td>83201</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>	MEMBER	JOEL PHILLIPS	PO BOX 4124	POCATELLO	ID	83201
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
MEMBER	JOEL PHILLIPS	PO BOX 4124	POCATELLO	ID	83201										
5. Organized Under the Laws of: IDAHO W 32090	6. Signature  Date <u>7-15-05</u> Name (Printed or Typed) <u>JOEL PHILLIPS</u> Title <u>MEMBER</u>														