No. W 10635	Due no later than December 31, 2004	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form 1. Mailing Address - Correct in this box of applicable T-DENT PLLC 1198 E WALKER ST BLACKFOOT, ID 83221	MICHAEL C TRANSTRUM 625 W BRIDGE 1198 E. Walke BLACKFOOT, ID 83221 St.
NO FILING FEE IF RECEIVED BY DUE DATE		3. New Registered Agent Signature Franklin D. Transtrum
4. Limited Liability Comp	anies: Enter Names and Addresses of Members.	agrican & werevern
Office held Name	Street or P.O. Address City	State Zip
Member Michael C	. Transtrum, 4402 Pine Tree, Orc	hard Lake MI 48323
Member Michael C	6.	
		Date 12-27-04

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