

No. **W 6145**

**Due no later than May 31, 2004**

**Annual Report Form**

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

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

1. Mailing Address - Correct in this box, if applicable  
**AMERICAN DISABILITIES ACT COMPLIANCE**

RONALD D CARLSON  
641 E 800N  
BOX 128  
FIRTH, ID 83236

2421 KOMO MAI

PEARL CITY, HI 96782

3. New Registered Agent Signature

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

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>
Partner	Ronald CARLSON	641 E 800N BOX 128	FIRTH	ID	83236
Partner	Dayle CARLSON	2421 Komo Mai	Pearl City	HI	96782

5. Organized Under the Laws of:

HAWAII  
W 6145

6.

Signature

*Dayle Carlson*

Date

3/15/04

Name (Typed or Printed)

DAYLE CARLSON

Title

Managing Partner