	8	Annual Report		1999	2. Registered Agen	t and Office NC	OT A P.O. BOX
Return to: SECRETARY OF STA	1 N	1 Mailing Address - Please Correct, If Not Correct			LYNN D FENDER		
700 WEST JEFFERSO PO BOX 83720	ON	EXCHANGECOR L.L.			612 GOVE		
NO FEE REQUIRED		LYWN D FENDER 612 GOVERNMENT WAY			COEUR D'ALEN ID 83814 3. Organized Under the Laws of:		
Corporations: Enter Limited Liability Co	Names and Busii mpanies: Enter Na	ness Addresses of President, S Imes and Addresses of 2 Ma			check one)		
Office held	<u>Name</u>	Street or P.O.	Address		City	State	Zip
Signature of New	Registered Age	nt 6. Signature	1 th	ndr	- Dair	7/1/4/	99
		Signature Name (Typed or Y)	nn D. Fen	od der	Date Title	7/1/4/ Manager	- :
Signature of New ISSUED: (Registered Age	Signature Name (Typed or Y)	nn D. Fen	der			
		Signature Name (Typed or Y)	nn D. Fen	der		Manager	- :