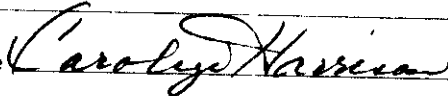


No. W 18361	Due no later than Mar 31, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		CAROLYN M HARRISON 2971 E 97TH S IDAHO FALLS, ID 83406																		
	HARRISON GROUP, LLC (THE) 2971 E 97TH S IDAHO FALLS, ID 83406																				
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MANAGING PARTNER;</td> <td>CAROLYN HARRISON</td> <td>2971 E, 97th S;</td> <td>IDA FALLS,</td> <td>ID;</td> <td>83406</td> </tr> <tr> <td>PARTNER;</td> <td>TOM HARRISON;</td> <td>2971 E, 97th S;</td> <td>IDA FALLS,</td> <td>ID;</td> <td>83406</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>	MANAGING PARTNER;	CAROLYN HARRISON	2971 E, 97 th S;	IDA FALLS,	ID;	83406	PARTNER;	TOM HARRISON;	2971 E, 97 th S;	IDA FALLS,	ID;	83406
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5. Organized Under the Laws of: IDAHO W 18361	6. Signature  Name (Type or Print) <u>CAROLYN HARRISON</u>		Date <u>04/10/05</u> Title <u>MANAGING PARTNER</u>																		