

No. W 10055	Due no later than Oct 31, 2002 Annual Report Form	2. Registered Agent and Office NO PO BOX LOREN L SHOCKEY 8200 W BROOKSIDE LN BOISE, ID 83703																		
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 RIVERSIDE CUSTOM EMBROIDERY & SCREE LOREN L SHOCKEY 8200 W BROOKSIDE LN 153 Meadowland BOISE, ID 83703 83713	3. New Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Managers. <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: 25%;"><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: 10%;"><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>MANAGER.</td> <td>Loren Shockey</td> <td>8200 BROOKSIDE</td> <td>BOISE</td> <td>FD</td> <td>83703</td> </tr> <tr> <td>manager,</td> <td>Luanne Wagner</td> <td>235 W. Grand Island</td> <td>Eagle, Id.</td> <td></td> <td>83614</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>	MANAGER.	Loren Shockey	8200 BROOKSIDE	BOISE	FD	83703	manager,	Luanne Wagner	235 W. Grand Island	Eagle, Id.		83614
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manager,	Luanne Wagner	235 W. Grand Island	Eagle, Id.		83614															
5. Organized Under the Laws of: IDAHO W 10055	6. Signature <u>Loren Shockey</u> Date <u>9/20/02</u> Name (Typed or Printed) <u>LOREN SHOCKEY</u> Title <u>MANAGER</u>																			