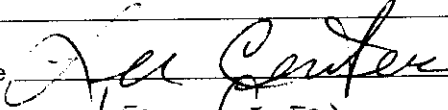


No. W 6139	Due no later than May 31, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		ALLEN LEE CENTERS 3770 SOUTH LINDER ROAD MERIDIAN, ID 83642												
	CENTERS FARM, LLC ALLEN LEE CENTERS 3770 SOUTH LINDER ROAD PO BOX 518 MERIDIAN, ID 83642 83680-0518														
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>LEE CENTERS</td> <td>PO Box 518</td> <td>Meridian</td> <td>ID</td> <td>83680</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>	President	LEE CENTERS	PO Box 518	Meridian	ID	83680
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
President	LEE CENTERS	PO Box 518	Meridian	ID	83680										
5. Organized Under the Laws of: IDAHO W 6139		6. Signature  Date _____ Name (Typed or Printed) LEE CENTERS Title PRESIDENT													