

No. W 7910	Due no later than January 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 HARRIS TOURS, L.L.C. 393 ALTURAS DR TWIN FALLS, ID 83301		RAY HARRIS 393 ALTURAS DR TWIN FALLS, ID 83301 3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>manager/member</td> <td>- Ray Harris</td> <td>393 Alturas Dr.</td> <td>Twin Falls,</td> <td>Idaho</td> <td>83301</td> </tr> <tr> <td>member</td> <td>- Shirley Harris</td> <td>393 Alturas Dr.</td> <td>Twin Falls,</td> <td>Idaho</td> <td>83301</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	manager/member	- Ray Harris	393 Alturas Dr.	Twin Falls,	Idaho	83301	member	- Shirley Harris	393 Alturas Dr.	Twin Falls,	Idaho	83301
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5. Organized Under the Laws of: IDAHO W 7910		6. Signature <u>Ray Harris</u> Date <u>11/08/04</u> Name (Typed or Printed) <u>Ray Harris</u> Title <u>Manager/Member</u>																			

Issued 11/01/2004

Do Not Tape or Staple

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