| No. W 1134                                     | Due no later than May 31, 2004                               | 2. Registered Agent and Office NO PO BOX |
|--|--|--|
| 110.   | Annual Report Form   | THOMAS R CURTIS DDS                      |
| Return to:                                     | 1. Mailing Address - Correct in this box, if applicable      | 3212 N MAPLE GROVE                       |
| SECRETARY OF STATE<br>700 WEST JEFFERSON       | MAPLE GROVE PARKING, L.L.C.                                  |  |
| PO BOX 83720                                   | THOMAS R CURTIS DDS  | BOISE, ID 83704                          |
| BOISE, ID 83720-0080                           | 3212 N MAPLEGROVE RD   |  |
|  | BOISE, ID 83704  | 3. New Registered Agent Signature        |
| NO FILING FEE IF                               | BOISE, ID 03704  |  |
| RECEIVED BY DUE DATE                           |  |  |
| 4. Limited Liability Comp.                     | panies: Enter Names and Addresses of Members.                |  |
| Office hold Name                               | Curtis 3224 No Maple Grove Rd. Bo                            | ity <u>State</u> <u>Zip</u>              |
|  | Climante Mante Grave Pol Re                                  | une Id 83704                             |
| • •  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| <ol><li>Organized Under the Laws of:</li></ol> | 6.   | 21,5/14                                  |
| _  | 6. Signature Thomas R. auch                                  | Date 3/15/04                             |
| IDAHO  | 6. Signature Thomas R. auto                                  | Date 3/15/04                             |
| _  | 6. Signature Thomas R. Curtis Name Printed) Thomas R. Curtis | Date 3/15/04 Title Pres.                 |