

ISSUED: 09-30-1995

No. 814 Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 ** FINAL NOTICE ** NO FEE REQUIRED	Idaho Limited Liability Company Annual Report Form <i>Due No Later Than November 1, 1995</i> 1. Mailing Address — <i>(Type or Correct, If Not Correct)</i> PARK POINTE CENTER, A LIMITED L R. CRAIG GROVES 7733 W. EMERALD BOISE ID 83704	2. Registered Agent and Office NOT A P.O. BOX R. CRAIG GROVES 7733 W. EMERALD BOISE ID 83704 3. Organized Under The Laws of ID NO: 814										
4. Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) MUST BE PRINTED OR TYPED <table border="0"> <thead> <tr> <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>R CRAIG GROVES</td> <td>6223 N DISCOVERY WY, ST#100</td> <td>BOISE</td> <td>ID</td> <td>83713</td> </tr> </tbody> </table>			<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	R CRAIG GROVES	6223 N DISCOVERY WY, ST#100	BOISE	ID	83713
<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>								
R CRAIG GROVES	6223 N DISCOVERY WY, ST#100	BOISE	ID	83713								
5. Signature of the Current Registered Agent (if changed in block 2) <hr/>	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u><i>R. Craig Groves</i></u> Date 10/31/95 Name <small>(Type or Printed)</small>											