No. W 14609	Due no later than March 31, 2004 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720	1. Mailing Address - Correct in this box if applicable	KLADE WILLIAMS
	HIGHMARK LLC	1223 DESERT VIEW DR
BOISE, ID 83720-0080	1223 DESERT VIEW DR	TWIN FALLS, ID 83301
NO FILING FEE IF RECEIVED BY DUE DATE	TWIN FALLS, ID 83301	3. New Registered Agent Signature
4. Limited Liability Compa	nies: Enter Names and Addresses of Members.	
Office held Name	Street or P.O. Address  Street or P.O. Address  Williams 1223 Desert View DR To	/ State 7in
Member Klado	1.111 1200 NOS OF THE TO	State Zip  Win Falls ID 8330/
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Made Nade	Williams 1223 Beselve Ortho Br 10	0:X 1413 IB 8.3307
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Made Nade	Williams 1223 Beselve Orla Br 10	0:X 1413 IB 83307
		0:X 1413 IB 8.3307
5. Organized Under the Laws of:	6. L././/	0:X 1ans 18 8.550/
		nus Date /-/5-04
5. Organized Under the Laws of:	6.	