

<b>No. W 19495</b>	<b>Due no later than Jun 30, 2003</b> <b>Annual Report Form</b>	2. Registered Agent and Office <b>NO PO BOX</b>																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable <b>DOCTOR DRYWALL, LLC</b>  1100 GARRITY BLVD  NAMPA, ID 83687	MARIA E LIZARDO 3904 1/2 AIRPORT RD  NAMPA, ID 83687  3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Managers. <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>owner</td> <td>Maria E Lizarde</td> <td>3904 1/2 Airport Rd.</td> <td>Nampa</td> <td>Id.</td> <td>83687</td> </tr> <tr> <td></td> <td>Benito Lizarde</td> <td>same</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	owner	Maria E Lizarde	3904 1/2 Airport Rd.	Nampa	Id.	83687		Benito Lizarde	same			
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5. Organized Under the Laws of:  IDAHO W 19495	6. <table> <tr> <td>Signature <u>M. E. L.</u></td> <td>Date <u>5-20-03</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>Maria E Lizarde</u></td> <td>Title <u></u></td> </tr> </table>		Signature <u>M. E. L.</u>	Date <u>5-20-03</u>	Name (Typed or Printed) <u>Maria E Lizarde</u>	Title <u></u>														
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