No. **W 3986**	**Due no later than May 31, 2003** **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 TWIN RIVER PROFESSIONAL EMPLOYER SE 1525 IDAHO ST STE A LEWISTON, ID 83501	CYNTHIA J O'HARRA 1525 IDAHO ST STE A LEWISTON, ID 83501 3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

Office held	Name	Street or P.O. Address	City	State	Zip
Member	Cynthia O'Harra	1926 Birch Ct.	Lewiston	ID	83501
Member	James Arnold	P.O. Box 38	Sugar City	ID	83448

5. Organized Under the Laws of:	6.
IDAHO W 3986	Signature Cynthia O'Harra Date 4-29-03 Name (Typed or Printed) CYNTHIA O'HARRA Title Managing Member

Issued 03/03/2003 **Do Not Tape or Staple** 570