

No. W 48639	Due no later than March 31, 2007 Annual Report Form		2. Registered Agent and Office NO PO BOX BRAD FRASURE 444 HOSPITAL WAY STE 555 POCATELLO, ID 83201												
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 : ZIHUA PROPERTIES TWO, LLC 444 HOSPITAL WAY STE 555 POCATELLO, ID 83201		3. New Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 10%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 5%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center; vertical-align: top;">1</td> <td style="vertical-align: top;">BRAD FRASURE</td> <td style="vertical-align: top;">444 HOSPITAL WAY STE 555</td> <td style="vertical-align: top;">POCATELLO</td> <td style="vertical-align: top;">IDAHO</td> <td style="vertical-align: top;">83201</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	1	BRAD FRASURE	444 HOSPITAL WAY STE 555	POCATELLO	IDAHO	83201
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
1	BRAD FRASURE	444 HOSPITAL WAY STE 555	POCATELLO	IDAHO	83201										
5. Organized Under the Laws of: IDAHO W 48639		6. Signature <u>Brad Frasure</u> Date <u>1-8-07</u> Name <small>(Typed or Printed)</small> <u>BRAD FRASURE</u> Title _____													

Issued 01/02/2007

Do Not Tape or Staple

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