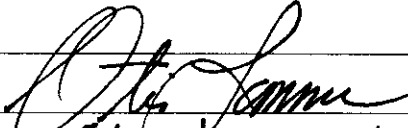
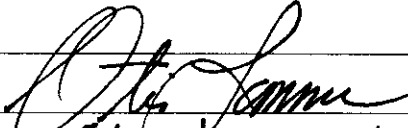
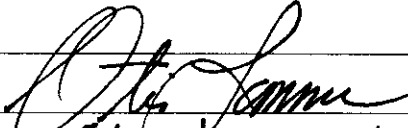


No. W 519	Due no later than September 30, 2003 Annual Report Form	2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable ANN MORRISON PARK, L.L.C. OTIS LEMMON/ % CSHQA ARCHITECTS 250 S 5TH ST BOISE, ID 83702	OTIS W LEMMON 250 S 5TH ST BOISE, ID 83701 3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Office held</th> <th style="text-align: center;">Name</th> <th style="text-align: center;">Street or P.O. Address</th> <th style="text-align: center;">City</th> <th style="text-align: center;">State</th> <th style="text-align: center;">Zip</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">MANAGING MEMBER</td> <td>OTIS LEMMON</td> <td>250 S. 5TH ST.</td> <td style="text-align: center;">BOISE</td> <td style="text-align: center;">ID.</td> <td style="text-align: center;">83702</td> </tr> <tr> <td style="text-align: center;">"</td> <td>JEFF SHNEIDER</td> <td style="text-align: center;">"</td> <td style="text-align: center;">"</td> <td style="text-align: center;">"</td> <td style="text-align: center;">"</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	MANAGING MEMBER	OTIS LEMMON	250 S. 5TH ST.	BOISE	ID.	83702	"	JEFF SHNEIDER	"	"	"	"
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"	JEFF SHNEIDER	"	"	"	"															
5. Organized Under the Laws of: IDAHO W 519	6. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> Signature  Name (Typed or Printed) <u>OTIS LEMMON</u> </td> <td style="width: 50%;"> Date <u>9.10.03</u> Title <u>MANAGING MEMBER.</u> </td> </tr> </table>		Signature  Name (Typed or Printed) <u>OTIS LEMMON</u>	Date <u>9.10.03</u> Title <u>MANAGING MEMBER.</u>																
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