

No. W 844	Due no later than January 31, 2005 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	1. Mailing Address - Correct in this box, if applicable		ROBERT D LILLY 5300 DAKOTA 3571 E. Immigrant Pass BOISE, ID 83708 83716		
NO FILING FEE IF RECEIVED BY DUE DATE	PARKWAY 162 LIMITED LIABILITY COMPA ROBERT D LILLY 5300 DAKOTA 3571 E. Immigrant Pass BOISE, ID 83708 Boise, ID 83716		3. New Registered Agent Signature		
4. Limited Liability Companies: Enter Names and Addresses of Members.					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	Robert D. Lilly	3571 E. Immigrant Pass Dr. Boise	Id		83716
5. Organized Under the Laws of:		6. Signature <u>Robert D. Lilly</u> Date <u>11/10/04</u>			
IDAHO W 844		Name <small>TYPE or Printed</small> <u>Robert D. Lilly</u> Title <u>Manager</u>			

Issued 11/01/2004

Do Not Tape or Staple

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