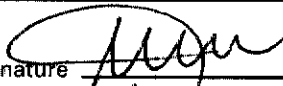
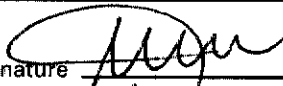
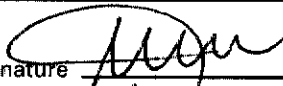


No. W 213	Annual Report Form 1997 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED ** FINAL NOTICE **	1. Mailing Address - Please Correct, If Not Correct BDSB OF EASTERN IDAHO, L.C. JAMES ELLIS 1337 LAVINE DRIVE POCATELLO ID 83201		JAMES ELLIS 905 YELLOWSTONE POCATELLO ID 83201 3. Organized Under the Laws of: ID W 218													
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <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>Oper Partner</td> <td>James Ellis</td> <td>1337 Lavine Dr</td> <td>POC</td> <td>ID</td> <td>83201</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Oper Partner	James Ellis	1337 Lavine Dr	POC	ID	83201
Office held	Name	Street or P.O. Address	City	State	Zip											
Oper Partner	James Ellis	1337 Lavine Dr	POC	ID	83201											
5. SIGNATURE OF CURRENT RA		6. <table border="1"> <tr> <td>Signature </td> <td>Date 10/19/97</td> </tr> <tr> <td>Name (Typed or Printed) JAMES ELLIS</td> <td>Title Oper Partner</td> </tr> </table>			Signature 	Date 10/19/97	Name (Typed or Printed) JAMES ELLIS	Title Oper Partner								
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Name (Typed or Printed) JAMES ELLIS	Title Oper Partner															

ISSUED: 10-04-1997

DO NOT TAPE OR STAPLE

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