No. J 149		Due no later than December 31, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX SCOTT WARNER	
NO FILING FEE IF	DATE				
 Limited Liability 	Partners	hips: Enter Names and Business	Addresses of two	(2) or more partner	S.
Office held Nam		Street or P.O. Address	<u>City</u>	State	<u>Zip</u>
		elski, PO Box "S",	Ontario	OR	97914
	ott War		Ontario	OR	97914
5. Organized Under the L	_aws of:	6.		Oot	ober 18, 20
OREGON		Signature		DateUCT	ODER 10, 20
1440		Name Printed Scott Warner		TitlePa	rtner
J 149		Name Printed) Scott	WOI HOL		12003045