

No. W 14766	Due no later than March 31, 2004 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		TOM WOOD																		
	TRANSMISSION CITY, L.L.C. 240 6TH AVE WEST		240 6TH AVE WEST TWIN FALLS, ID 83301																		
	TWIN FALLS, ID 83301		3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Managers <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td></td> <td colspan="5">Managing Member Tom Wood</td> </tr> <tr> <td></td> <td colspan="5">240 6TH AVE West Twin Falls Id, 83301</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>		Managing Member Tom Wood						240 6TH AVE West Twin Falls Id, 83301				
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	Managing Member Tom Wood																				
	240 6TH AVE West Twin Falls Id, 83301																				
5. Organized Under the Laws of: IDAHO W 14766		6. Signature <u>Tom Wood</u> Date <u>1-9-04</u> Name <small>(Typed or Printed)</small> <u>Tom Wood</u> Title <u>Managing Member</u>																			