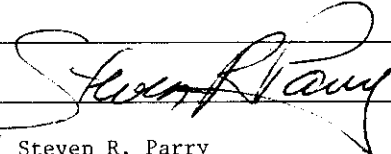


No. <b>W 5913</b>	<b>Due no later than April 30, 2004</b>	2. Registered Agent and Office <b>NO PO BOX</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	<b>Annual Report Form</b> 1. Mailing Address - Correct in this box, if applicable. MEMORIAL DRIVE ASSOCIATES L.L.C. STEVEN R. PARRY P O BOX 51630  IDAHO FALLS, ID 83405	STEVEN R. PARRY 490 MEMORIAL DR  IDAHO FALLS, ID 83402  3. <u>New</u> Registered Agent Signature			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>					
4. Limited Liability Companies: Enter Names and Addresses of Managers.					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	Douglas R. Nelson	P.O. Box 51630	Idaho Falls	Idaho	83405
Manager	Blake G. Hall	P.O. Box 51630	Idaho Falls	Idaho	83405
Manager	Marvin M. Smith	P.O. Box 51630	Idaho Falls	Idaho	83405
Manager	Steven R. Parry	P.O. Box 51630	Idaho Falls	Idaho	83405
Manager	Joel E. Tingey	P.O. Box 51630	Idaho Falls	Idaho	83405
Manager	Scott R. Hall	P.O. Box 51630	Idaho Falls	Idaho	83405
5. Organized Under the Laws of:  IDAHO W 5913		6. Signature  Date <u>3/1/04</u> Name <small>(Typed or Printed)</small> <u>Steven R. Parry</u> Title <u>Manager</u>			