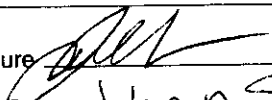


No. W 17439	Due no later than December 31, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX JOHN A SWALLOW 421 1/2 SHERMAN AVE #208 COEUR D ALENE, ID 83814												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable TOWNSEND HOLDINGS, LLC JOHN A SWALLOW 421 1/2 SHERMAN AVE #208 COEUR D ALENE, ID 83814		3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 10%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>John A Swallow</td> <td>421 1/2 Sherman Ave #208</td> <td>CoDA</td> <td>ID</td> <td>83814</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>	Manager	John A Swallow	421 1/2 Sherman Ave #208	CoDA	ID	83814
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Manager	John A Swallow	421 1/2 Sherman Ave #208	CoDA	ID	83814										
5. Organized Under the Laws of: IDAHO W 17439		6. Signature  Name <small>(Typed or Printed)</small> John A Swallow Title Manager													
		Date 10-17-05													

Issued 10/03/2005

Do Not Tape or Staple

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