

No. W 1237	Annual Report Form 1995 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 * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct SW PARTNERS, L.L.C. ROBERT KLOSTERMAN 2686 PARK LANE EAGLE ID 83616		ROBERT KLOSTERMAN 2686 PARK LANE EAGLE ID 83616 3. Organized Under the Laws of: ID W 1237													
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input checked="" 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>MANAGER</td> <td>ROBERT KLOSTERMAN</td> <td>P.O. BOX 2696</td> <td>BOISE</td> <td>ID</td> <td>83701</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	MANAGER	ROBERT KLOSTERMAN	P.O. BOX 2696	BOISE	ID	83701
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MANAGER	ROBERT KLOSTERMAN	P.O. BOX 2696	BOISE	ID	83701											
5. SIGNATURE OF CURRENT RA ANY LAWFUL		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Robert Klosterman</u> Date <u>11/1/96</u> Name (Typed or Printed) <u>ROBERT KLOSTERMAN</u> Title <u>MANAGER</u>														
ISSUED: 37-08-1996		1057														