

No. <b>W 11407</b>	<b>Due no later than Mar 31, 2002</b> <b>Annual Report Form</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable MANE STREET, LLC <del>3318 E 17TH ST</del> <b>1724 CABELLARO</b> <del>IDAHO FALLS, ID 83406</del> <b>IDAHO FALLS, ID 83406</b>		REBECCA ACKERSCHOTT <del>3318 E 17TH ST</del> <b>1724 CABELLARO</b> IDAHO FALLS, ID 83406  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>OWNER/OPR</td> <td>MARY E INGLE</td> <td>1724 CABELLARO</td> <td>IDAHO FALLS</td> <td>ID</td> <td>83406</td> </tr> <tr> <td>OWNER/OPR</td> <td>Rebecca L ACKERSCHOTT</td> <td>1724 CABELLARO</td> <td>IDAHO FALLS</td> <td>ID</td> <td>83406</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>	OWNER/OPR	MARY E INGLE	1724 CABELLARO	IDAHO FALLS	ID	83406	OWNER/OPR	Rebecca L ACKERSCHOTT	1724 CABELLARO	IDAHO FALLS	ID	83406
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5. Organized Under the Laws of:  IDAHO W 11407		6. Signature <u>Mary E Ingle</u> Date <u>1-17-02</u> Name <small>(Typed or Printed)</small> <u>MARY E INGLE</u> Title <u>OWNER/OPR</u>																			