

No. <b>W 6259</b>	Due no later than <b>May 31, 2005</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		KAREN D WHITWORTH 630 MAIN ST CHALLIS, ID 83226												
	SLEEPING BEAR LIMITED LIABILITY COM PO BOX 770 CHALLIS, ID 83226		3. New Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <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>Owner Manager</td> <td>Karen Whitworth</td> <td>630 main Box 770 -</td> <td>Challis</td> <td>Id.</td> <td>83226</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	Owner Manager	Karen Whitworth	630 main Box 770 -	Challis	Id.	83226
Office held	Name	Street or P.O. Address	City	State	Zip										
Owner Manager	Karen Whitworth	630 main Box 770 -	Challis	Id.	83226										
5. Organized Under the Laws of:  IDAHO W 6259	6. Signature <i>Karen D Whitworth</i> Date <i>3-10-05</i> Name (Typed or Printed) <i>KAREN WHITWORTH</i> Title <i>Owner Manager</i>														