

No. <b>W 3409</b>	Due no later than Jan 31, 2002 <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	1. Mailing Address - Correct in this box, if applicable <del>SELKIRK CONSULTANTS, L.L.C.</del> ERIC MADSON PO BOX 719  BONNERS FERRY, ID 83805		ERIC MADSON HCR 85 BOX 4  BONNERS FERRY, ID 83805																								
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>			3. <u>New</u> Registered Agent Signature																								
4. Limited Liability Companies: Enter Names and Addresses of Members. <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>Member</td> <td>Eric Madson</td> <td>Box 719</td> <td>Bonnervs Ferry</td> <td>Id</td> <td>83805</td> </tr> <tr> <td>✓</td> <td>Ervin Madson</td> <td>Box 719</td> <td>Bonnervs Ferry</td> <td>Id</td> <td>83805</td> </tr> <tr> <td>✓</td> <td>Carolee Madson</td> <td>Box 719</td> <td>Bonnervs Ferry</td> <td>Id</td> <td>83805</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>	Member	Eric Madson	Box 719	Bonnervs Ferry	Id	83805	✓	Ervin Madson	Box 719	Bonnervs Ferry	Id	83805	✓	Carolee Madson	Box 719	Bonnervs Ferry	Id	83805
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5. Organized Under the Laws of:  IDAHO W 3409	6. Signature <u>Carolee Madson</u> Date <u>1-30-02</u> Name <small>(Typed or Printed)</small> <u>Carolee Madson</u> Title <u>Member</u>																										