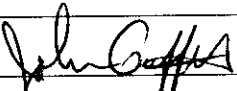
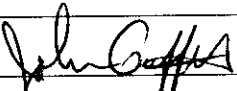
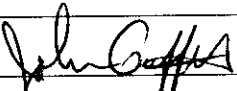


No. W 6462	Due no later than Jun 30, 2002 Annual Report Form		2. Registered Agent and Office NO PO BOX	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable BLUE CHIP PROFESSIONAL SERVICES, L. KEVIN SHOEMAKER 1491 TYRELL LN BOISE, ID 83706		KEVIN SHOEMAKER 1491 TYRELL LN BOISE, ID 83706	
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registered Agent Signature	

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRESIDENT	SCOTT NORMANDIN	2417 NANTUCKET WAY	BOISE	ID	83706
CFO	KEVIN SHOEMAKER	7170 DENVER RD	FRUITLAND	ID	83619
CEO	CHRIS KENSEL	2910 49TH ST. SOUTH	WISCONSIN RAPIDS	WI	54499
VP	MIKE KEOUGH	4695 EMERALD	STEVENS POINT	WI	54481

5. Organized Under the Laws of: IDAHO W 6462	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> Signature  </td> <td style="width: 50%;"> Date <u>6/2/02</u> </td> </tr> <tr> <td> Name (Typed or Printed) <u>JOHN GRIFFITHS</u> </td> <td> Title <u>CONTROLLER</u> </td> </tr> </table>	Signature 	Date <u>6/2/02</u>	Name (Typed or Printed) <u>JOHN GRIFFITHS</u>	Title <u>CONTROLLER</u>
Signature 	Date <u>6/2/02</u>				
Name (Typed or Printed) <u>JOHN GRIFFITHS</u>	Title <u>CONTROLLER</u>				