

No. W 26315	Due no later than October 31, 2004 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable CATAZ, LLC 12679 W AVANTI 5022 FAIRVIEW AVE BOISE, ID 83713 83704		LISA CLINE 12679 W AVANTI 5022 FAIRVIEW BOISE, ID 83713 83704 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th data-bbox="366 412 504 440"><u>Office held</u></th> <th data-bbox="548 412 620 440"><u>Name</u></th> <th data-bbox="825 412 1072 440"><u>Street or P.O. Address</u></th> <th data-bbox="1327 412 1382 440"><u>City</u></th> <th data-bbox="1524 412 1596 440"><u>State</u></th> <th data-bbox="1699 412 1749 440"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </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>						
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
5. Organized Under the Laws of: IDAHO W 26315	6. Signature <i>Lisa Cline</i> Name <small>Typed or Printed</small> LISA CLINE		Date 10-31-04 Title OWNER/PRES.												