




No. W 30445	Due no later than May 31, 2006 Annual Report Form	2. Registered Agent and Office NO PO BOX BRYCE BARBER 424 W BENTON POCATELLO, ID 83204												
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 SOLID FOUNDATIONS LIMITED LIABILITY 424 W BENTON POCATELLO, ID 83204	3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">Manager</td> <td style="vertical-align: top;">BRYCE BARBER</td> <td style="vertical-align: top;">424 W. BENTON</td> <td style="vertical-align: top;">POCATELLO</td> <td style="vertical-align: top;">IDAHO</td> <td style="vertical-align: top;">83204</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>	Manager	BRYCE BARBER	424 W. BENTON	POCATELLO	IDAHO	83204
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
Manager	BRYCE BARBER	424 W. BENTON	POCATELLO	IDAHO	83204									
5. Organized Under the Laws of: IDAHO W 30445	6. <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">Signature </td> <td style="width: 40%;">Date <u>3.7.06</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>BRYCE BARBER</u></td> <td>Title _____</td> </tr> </table>		Signature 	Date <u>3.7.06</u>	Name (Typed or Printed) <u>BRYCE BARBER</u>	Title _____								
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