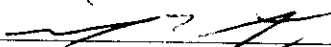


No. <b>W 10114</b>	<b>Due no later than November 30, 2003</b> <b>Annual Report Form</b>	2. Registered Agent and Office <b>NO PO BOX</b>												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>		1. Mailing Address - Correct in this box, if applicable  S3F, LLC MICHAEL FERY 2700 AIRPORT WAY  BOISE, ID 83705	MICHAEL FERY 2700 AIRPORT WAY  BOISE, ID 83705  3. <u>New</u> Registered Agent Signature											
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1" style="width:100%; border-collapse: collapse;"> <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>Manager</td> <td>Michael N. Fery</td> <td>609 <del>Indemere</del> <i>Wynelene</i> Dr.</td> <td>Boise</td> <td>ID</td> <td>83702</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	Michael N. Fery	609 <del>Indemere</del> <i>Wynelene</i> Dr.	Boise	ID	83702
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
Manager	Michael N. Fery	609 <del>Indemere</del> <i>Wynelene</i> Dr.	Boise	ID	83702									
5. Organized Under the Laws of:  IDAHO W 10114	6. Signature  Date <u>Sept. 11, 2003</u> Name <small>(Typed or Printed)</small> <u>Michael N. Fery</u> Title <u>Manager</u>													