

No. W 17167	Due no later than November 30, 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		TEILA P FAIRCHILD 1500 MAPLE ST BUHL, ID 83316													
	A GENERATION OF NEW DRIVERS, L.L.C. 1500 MAPLE ST BUHL, ID 83316		3. <u>New</u> Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="0"> <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>MANAGER</td> <td>TEILA P FAIRCHILD</td> <td>1500 MAPLE ST</td> <td>BUHL</td> <td>ID</td> <td>83316</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	TEILA P FAIRCHILD	1500 MAPLE ST	BUHL	ID	83316
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
MANAGER	TEILA P FAIRCHILD	1500 MAPLE ST	BUHL	ID	83316											
5. Organized Under the Laws of: IDAHO W 17167		6. Signature <u>Teila P Fairchild</u> Date <u>9/10/04</u> Name <small>(Typed or Printed)</small> <u>TEILA P. FAIRCHILD</u> Title <u>MANAGER</u>														