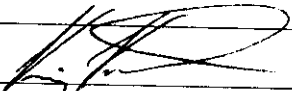


No. W 15547	Due no later than Jun 30. 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address. Correct in this box, if applicable.		KRAIG KESTIE 2449 EAST 4000 NORTH FILER, ID 83328													
	LASER LINE, L.L.C. 2449 EAST 4000 NORTH FILER, ID 83328															
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Manager/owner</td> <td>Kraig Kestie</td> <td>2449 E. 4000 N.</td> <td>Filer</td> <td>ID</td> <td>83328</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Manager/owner	Kraig Kestie	2449 E. 4000 N.	Filer	ID	83328
Office held	Name	Street or P.O. Address	City	State	Zip											
Manager/owner	Kraig Kestie	2449 E. 4000 N.	Filer	ID	83328											
5. Organized Under the Laws of: IDAHO W 15547		6. Signature  Date <u>6/23/03</u> Name (Typed or Printed) <u>Kraig Kestie</u> Title <u>Owner/Manager</u>														

Issued 04/01/2003

Do Not Tape or Staple