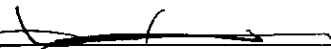


No. W 9534	Due no later than Aug 31, 2000 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable JOMAR, LLC JON JOHNSON POB 51920 IDAHO FALLS, ID 83405		JON JOHNSON 5345 HEYREND CIR IDAHO FALLS, ID 83402												
			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>- JON L JOHNSON</td> <td>1290 N 1100E</td> <td>SHELEET</td> <td>ID</td> <td>83274</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	- JON L JOHNSON	1290 N 1100E	SHELEET	ID	83274
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
MANAGER	- JON L JOHNSON	1290 N 1100E	SHELEET	ID	83274										
5. Organized Under the Laws of: IDAHO W 9534	6. Signature  Date <u>4/8/00</u> Name (Typed or Printed) <u>JON L JOHNSON</u> Title: <u>MANAGER</u>														

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