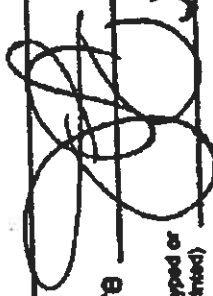


No. L 4574	Due no later than December 31, 2007 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable JOHN LEZAMIZ FAMILY LIMITED PARTNER 847 CANYON SPRINGS RD TWIN FALLS, ID 83301	JOHN LEZAMIZ LLC 847 CANYON SPRINGS RD TWIN FALLS, ID 83301
NO FILING FEE IF RECEIVED BY DUE DATE		3. New Registered Agent Signature
4. Limited Partnerships: Enter Names and Business Addresses of General Partners. Managing Member <u>John Lezamiz</u> <u>847 Canyon Springs</u> <u>Twin Falls, ID</u> <u>83301</u> Non-Managing Member	Street or P.O. Address City State Zip	
5. Organized Under the Laws of: IDAHO L 4574	6. Signature  Name (Typed or Printed) <u>John Lezamiz</u>	Date <u>12/7/07</u> Title <u>Man. Member</u>

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Do Not Tape or Staple

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