PLEASE TYPE OR PRINT IN INK

NAME OF LIMITED LIABILITY COMPANY
KNIPSTEIN & CONNER ENTERPRISES, LLC

AMENDMENT MUST BE FILED TO CHANGE NAME. SEE NOTE "A" ON REVERSE SIDE.

FEDERAL ID#	0	0	—	0	0	0	0	0	0	0	0
CORRECTED ID#	7	4	—	3	0	2	8	9	4	5	

COMPLETE ADDRESS OF PRINCIPAL OFFICE:
PO BOX 116
NEWFIELDS, NH 03856

CORRECTION IN ABOVE ADDRESS:

FORMED UNDER THE LAWS OF:
STATE NH

COMPLETE INFORMATION AS OF JANUARY 1, 2003

NATURE OF BUSINESS IN NH: Excavating Contractor

MANAGER(S)

MANAGER
BUSINESS ADDRESS: NO. STREET
TOWN/CITY STATE ZIP

MANAGER
BUSINESS ADDRESS: NO. STREET
TOWN/CITY STATE ZIP

MANAGER
BUSINESS ADDRESS: NO. STREET
TOWN/CITY STATE ZIP

REGISTERED AGENT/REGISTERED OFFICE

BRIAN J. KNIPSTEIN
SWAMPSCOTT STREET
NEWFIELDS, NH 03856

REQUEST FORM LLC 2 TO CHANGE REGISTERED AGENT OR REGISTERED OFFICE. SEE NUMBER 1 ON REVERSE SIDE.

MEMBERS

IF THERE ARE NO MANAGERS, AT LEAST ONE MEMBER MUST BE LISTED.

MEMBER Brian J Knipstein
BUSINESS ADDRESS: NO. 10 Swampscott st STREET
TOWN/CITY Newfields STATE Nil ZIP 03856

MEMBER
BUSINESS ADDRESS: NO. STREET
TOWN/CITY STATE ZIP

IF THERE ARE ANY ADDITIONAL MANAGERS OR MEMBERS, PLEASE ATTACH ADDITIONAL SHEET.

TO BE SIGNED BY THE MANAGER. IF NO MANAGER, MUST BE SIGNED BY A MEMBER. (SEE NOTES ON REVERSE SIDE FOR ALTERNATIVE SIGNATURE.) I, THE UNDERSIGNED DO HEREBY CERTIFY THAT THE STATEMENTS ON THIS REPORT ARE TRUE TO THE BEST OF MY INFORMATION, KNOWLEDGE AND BELIEF.

MUST HAVE ORIGINAL SIGNATURE

SIGNATURE [signature]

TYPE OR PRINT NAME: Brian J Knipstein

TITLE: Member

A $50.00 LATE FILING FEE IS DUE ON ALL REPORTS NOT RECEIVED ON OR BEFORE APRIL 15. (SEE INSTRUCTIONS.)

INFORMATION ON THIS REPORT SHALL BE AS OF JANUARY 1, 2003 FOR REPORT DUE APRIL 1, 2003

RECEIVED
APR 0 3 2003
NEW HAMPSHIRE
SECRETARY OF STATE

398687 Not to be Filled in:
Date .....
Check No 1244
Amount 100

$100.00 REPORT FEE

$100.00 TOTAL DUE

NEW HAMPSHIRE ANNUAL REPORT
SECRETARY OF STATE, CONCORD, NH

KNIPSTEIN & CONNER ENTERPRISES, LLC
PO BOX 116
NEWFIELDS NH 03856-0116

Form No. LLC 8

INDICATE CHANGES IN ABOVE ANNUAL REPORT MAILING ADDRESS. **THIS COMPLETE FORM MUST BE SUBMITTED. DO NOT SEPARATE ANY PART OF THE FORM.**