



FEE \$ 25.00  
ON OR BEFORE  
DATE DUE 08/31/1999  
REPORT YEAR 1999

STATE OF COLORADO  
BIENNIAL REPORT OF  
A CORPORATION OR LIMITED LIABILITY COMPANY

007

READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING  
SUBMIT SIGNED FORM WITH FILING FEE

THIS FORM MUST BE TYPED

MAILING DATE 06/01/1999

INFORMATION BELOW IS ON FILE IN THIS OFFICE - DO NOT CHANGE PRE-PRINTED INFORMATION  
CORPORATE NAME REGISTERED AGENT, REGISTERED OFFICE, CITY, STATE & ZIP

19971099165 DLLC STATE/COUNTRY OF INC CO MUELLER JOSEPH W CONTRACT ASSISTANT LIMITED LIABILITY COMPANY 13577 PONDEROSA DR CONIFER CO 80433	<b>FOR OFFICE USE ONLY</b>  19991120493 M \$ 25.00 SECRETARY OF STATE 06-24-1999 14:54:34 <b>FIRST REPORT OR CORRECTIONS IN THIS COLUMN</b>
---	---

Return completed reports to:  
Department of State  
Corporate Report Section  
1560 Broadway, Suite 200  
Denver, CO 80202

TYPE NEW AGENT NAME		
SIGNATURE OF NEW REGISTERED AGENT		
MUST HAVE A STREET ADDRESS		
CITY	STATE	ZIP
	CO	

OFFICERS NAME AND ADDRESS	TITLE
JOSEPH W. MUELLER 13577 PONDEROSA DR CONIFER CO 80433	P, V, T, S

DIRECTORS OR LIMITED LIABILITY COMPANY MANAGERS	(If you have less than 3 shareholders, you may list less than 3 directors)
MUELLER JOSEPH W 13577 PONDEROSA DR CONIFER CO 80433	

Address of Principal Place of Business

Street 13577 PONDEROSA DR  
City CONIFER State CO Zip 80433

**SIGNATURE**

Under penalties of perjury and as an authorized officer, I declare that this biennial report and, if applicable, the statement of change of registered office and agent, has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete.

BY Joseph W. Mueller  
Authorized Agent  
TITLE MANAGER DATE 6/14 1999



**\*\*DO NOT USE THIS BOX\*\*** IF THIS IS YOUR FIRST REPORT!!! SEE INSTRUCTIONS ON REVERSE. IF THERE ARE NO CHANGES SINCE YOUR LAST REPORT, MARK THIS BOX, SIGN ABOVE AND RETURN WITH THE FEE AND BY THE DATE DUE INDICATED ABOVE (UPPER LEFT HAND CORNER). IF YOU ARE FILING AFTER THE DATE DUE ABOVE, CONTACT THIS OFFICE FOR THE PROPER FEE. (303) 894-2251

SEE INSTRUCTIONS ON BACK

5296528-3