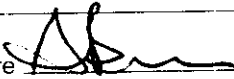
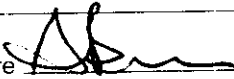
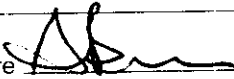


No. W 2163	Due no later than March 31, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX ANDERS BOSTROM 637 JOHNNY LONG RD SANDPOINT, ID 83864																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable: QUAIN CORNER LTD. CO. ANDERS BOSTROM 637 JOHNNY LONG RD SANDPOINT, ID 83864		3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MEMBER</td> <td>ANDERS BOSTROM</td> <td>637 JOHNNY LONG RD</td> <td>SANDPOINT</td> <td>ID</td> <td>83864</td> </tr> <tr> <td>MEMBER</td> <td>CAROLINE KUSTER-BOSTROM</td> <td>637 JOHNNY LONG RD</td> <td>SANDPOINT</td> <td>ID</td> <td>83864</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>	MEMBER	ANDERS BOSTROM	637 JOHNNY LONG RD	SANDPOINT	ID	83864	MEMBER	CAROLINE KUSTER-BOSTROM	637 JOHNNY LONG RD	SANDPOINT	ID	83864
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5. Organized Under the Laws of: IDAHO W 2163		6. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%;"> Signature  </td> <td style="width: 40%;"> Date <u>1.11.04</u> </td> </tr> <tr> <td> Name (Typed or Printed) <u>ANDERS BOSTROM</u> </td> <td> Title <u>MANAGER</u> </td> </tr> </table>		Signature 	Date <u>1.11.04</u>	Name (Typed or Printed) <u>ANDERS BOSTROM</u>	Title <u>MANAGER</u>														
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