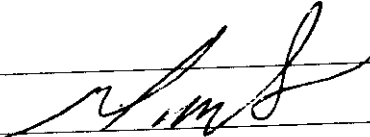


No. <b>W 18197</b>	Due no later than <b>February 29, 2004</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable		MICHAEL DALESSI 482 EIGHTH STREET													
	M.D. VENTURES, LLC. MICHAEL DALESSI 482 EIGHTH STREET  IDAHO FALLS, ID 83401		IDAHO FALLS, ID 83401  3. <u>New</u> Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <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></td> <td><del>Michael Dalesi</del> Manager</td> <td>482 8th ST.</td> <td>IDAHO FALLS</td> <td>ID</td> <td>83401</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>		<del>Michael Dalesi</del> Manager	482 8th ST.	IDAHO FALLS	ID	83401
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
	<del>Michael Dalesi</del> Manager	482 8th ST.	IDAHO FALLS	ID	83401											
5. Organized Under the Laws of:  IDAHO W 18197		6. Signature  Name <small>(Typed or Printed)</small> Michael Dalesi Title <del>Manager</del> Manager Date 1/2/04														