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| <b>No. C 74790</b><br><br>Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> | <b>Due no later than Jan 31, 2001</b><br><b>Annual Report Form</b><br><br>1. Mailing Address - Correct in this box, if applicable<br>VALLEY VINTNERS, INC.<br><del>JAMIE G MARTIN</del> ROBERT KAPLAN<br><del>P.O. BOX 4284</del> P.O. Box 4284<br><br>KETCHUM, ID 83340 | 2. Registered Agent and Office <b>NO PO BOX</b><br><del>JAMIE G MARTIN</del> ROBERT KAPLAN<br><del>226 EAST AVENUE</del> 226 EAST AVENUE<br><del>226 EAST AVENUE KETCHUM ID</del><br>HAGERMAN ID 83332 83332<br>HAGERMAN ID 83332<br><br>3. New Registered Agent Signature<br>Robert M Kaplan |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.
 

| Office held         | Name             | Street or P.O. Address | City    | State | Zip   |
|---------------------|------------------|------------------------|---------|-------|-------|
| PRES. &<br>DIRECTOR | ROBERT KAPLAN    | P.O. Box 4284          | KETCHUM | ID    | 83340 |
| DIRECTOR            | JAMIE MARTIN     | "                      | "       | "     | "     |
| DIRECTOR            | STEPHANIE MARTIN | "                      | "       | "     | "     |

|                                                       |                                                                                                                                                                                                                                                                          |           |                        |                                              |                     |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------|----------------------------------------------|---------------------|
| 5. Organized Under the Laws of:<br><br>IDAHO<br>14780 | 6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Signature </td> <td style="width: 50%;">Date <u>June 08/01</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>ROBERT KAPLAN</u></td> <td>Title: <u>PRES.</u></td> </tr> </table> | Signature | Date <u>June 08/01</u> | Name (Typed or Printed) <u>ROBERT KAPLAN</u> | Title: <u>PRES.</u> |
| Signature                                             | Date <u>June 08/01</u>                                                                                                                                                                                                                                                   |           |                        |                                              |                     |
| Name (Typed or Printed) <u>ROBERT KAPLAN</u>          | Title: <u>PRES.</u>                                                                                                                                                                                                                                                      |           |                        |                                              |                     |

**Do Not Tape or Staple**