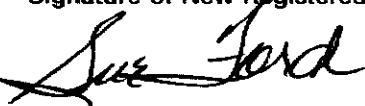



No. W 7935	Annual Report Form 1999 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address: Please Correct if Not Correct FORD'S M.T.M. L.L.C. HC 61 BOX 16X 401 N. ST. CHARLES 12 MI. RD. SALMON ID 83467		LAUNA MARIE FORD HC 61 BOX 16X 12 MI. RD. SALMON ID 83467 3. Organized Under the Laws of: ID W 7935													
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input checked="" type="checkbox"/> Members (check one) <table border="0"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td></td> <td>SUE FORD</td> <td>HC 61 BOX 16X</td> <td>SALMON</td> <td>ID</td> <td>83467</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip		SUE FORD	HC 61 BOX 16X	SALMON	ID	83467
Office held	Name	Street or P.O. Address	City	State	Zip											
	SUE FORD	HC 61 BOX 16X	SALMON	ID	83467											
5. Signature of New Registered Agent 		6. Signature  Date 7-28-99 Name (Typed or Printed) SUE FORD Title OWNER														

ISSUED: 07-03-1999

2767