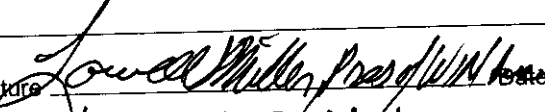


No. W 14719	Due no later than Mar 31, 2002 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable ULTIMATE VIVACITY, L.C. WIN INC MANAGER PO BOX 798 ST JOSEPH, MI 49085		LOWELL MILLER 17 BENTHAMS RD WALLACE, ID 83873 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="0" style="width:100%"> <tr> <th style="text-align:left"><u>Office held</u></th> <th style="text-align:left"><u>Name</u></th> <th style="text-align:left"><u>Street or P.O. Address</u></th> <th style="text-align:left"><u>City</u></th> <th style="text-align:left"><u>State</u></th> <th style="text-align:left"><u>Zip</u></th> </tr> <tr> <td colspan="6" style="height: 150px; vertical-align: top;"> <p>MANAGER</p> <p>WIN, Inc. C/o 2985 Meadowood Jackson Mich. 49202</p> </td> </tr> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<p>MANAGER</p> <p>WIN, Inc. C/o 2985 Meadowood Jackson Mich. 49202</p>					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
<p>MANAGER</p> <p>WIN, Inc. C/o 2985 Meadowood Jackson Mich. 49202</p>															
5. Organized Under the Laws of: IDAHO W 14719		6.  Signature _____ Date <u>3-20-02</u> Name (Typed or Printed) <u>Lowell S. Miller</u> Title <u>Pres, WIN Inc.</u>													