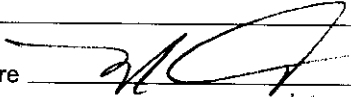


No. C 113567	Due no later than Jan 31, 2001 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable MARKS OFF ENTERPRISES, INC. MARK D COLLINS PO BOX 8375 POST FALLS, ID 83877 6725 E. Poleline Rd Post Falls ID, 83854		MARK D COLLINS 2. Registered Agent 6725 E. Poleline RD POST FALLS, ID 83854 3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <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>Pres</td> <td>Mark Collins</td> <td>6725 E. Poleline DR.</td> <td>Post Falls</td> <td>ID.</td> <td>83854</td> </tr> <tr> <td>Sec./Treas.</td> <td>Sherai Collins</td> <td>6725 E. Poleline DR.</td> <td>Post Falls</td> <td>ID</td> <td>83854</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	Pres	Mark Collins	6725 E. Poleline DR.	Post Falls	ID.	83854	Sec./Treas.	Sherai Collins	6725 E. Poleline DR.	Post Falls	ID	83854
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5. Organized Under the Laws of: IDAHO C 113567		6.  Signature _____ Date 12/3/2000 Name (Typed or Printed) Mark Collins Title: PRES XXXX																			