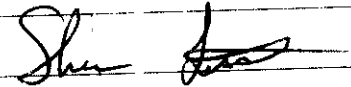


No. W 24970	Due no later than July 31, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX SHAWN FISCHER 3695 CASSIA NEW PLYMOUTH, ID 83655												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable BLACK CANYON MINT DISTILLING, L.C. 3695 CASSIA NEW PLYMOUTH, ID 83655		3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; margin-top: 10px;"> <thead> <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> </thead> <tbody> <tr> <td style="vertical-align: top;">Managing Member</td> <td style="vertical-align: top;">Shawn Fischer</td> <td style="vertical-align: top;">3695 Cassia New ply mouth</td> <td style="vertical-align: top;">Idaho</td> <td style="vertical-align: top;"></td> <td style="vertical-align: top;">83655</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>	Managing Member	Shawn Fischer	3695 Cassia New ply mouth	Idaho		83655
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Managing Member	Shawn Fischer	3695 Cassia New ply mouth	Idaho		83655										
5. Organized Under the Laws of: IDAHO W 24970		6. Signature  Name <small>(Printed or Typed)</small> <u>SHAWN FISCHER</u>													
		Date <u>5-7-05</u> Title <u>MANAGER</u>													