

No.	Idaho Corporation Annual Report Form Due No Later Than November 1, 1992	2. Registered Agent and Office NOT A P.O. BOX															
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct	PAUL R. GROVES 220 W. MORTON MOSCOW ID 83843															
	LATAH DISTRIBUTORS, INC. PAUL R. GROVES 220 W. MORTON STREET MOSCOW ID 83843 0000	3. Incorporated Under The Laws of ID NO: 50606															
4. Names and Addresses of Officers and Directors																	
	<table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>PAUL GROVES</td> <td>3176 HWY. 8E</td> <td>MOSCOW</td> <td>IDAHO</td> <td>83843</td> </tr> <tr> <td>CAROLYN LETB</td> <td>615 LYNN</td> <td>MOSCOW</td> <td>IDAHO</td> <td>83843</td> </tr> </tbody> </table>	Name	Street or P.O. Address	City	State	Zip	PAUL GROVES	3176 HWY. 8E	MOSCOW	IDAHO	83843	CAROLYN LETB	615 LYNN	MOSCOW	IDAHO	83843	
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5. Nature of Business WHOLESALE BEER & WINE DIST.	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td data-bbox="525 896 1062 974"> Signature <i>Paul R. Groves</i> Name (Typed or Printed) PAUL R. GROVES </td> <td data-bbox="1062 896 1614 974"> Date JULY 14-92 Title PRESIDENT </td> </tr> </table>		Signature <i>Paul R. Groves</i> Name (Typed or Printed) PAUL R. GROVES	Date JULY 14-92 Title PRESIDENT													
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