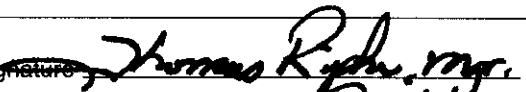


No. W 8889	Due no later than May 31, 2001		2. Registered Agent and Office NO PO BOX											
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form 1. Mailing Address - Correct in this box, if applicable RIP ENTERPRISES, LLC THOMAS F RIPKE 400 N 9TH ST STE 200 2080 Table Rock Rd. BOISE, ID 83702 83712		CHRISTOPHER J BEESON 277 N 6TH ST STE 200 BOISE, ID 83702 3. <u>New</u> Registered Agent Signature											
	4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Thomas Ripke</td> <td>2080 Table Rock Rd.</td> <td>Boise</td> <td>ID</td> <td>83712</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>	Manager	Thomas Ripke	2080 Table Rock Rd.	Boise	ID
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
Manager	Thomas Ripke	2080 Table Rock Rd.	Boise	ID	83712									
5. Organized Under the Laws of: IDAHO W 8889	6.  Signature _____ Date 4-28-01 Name (Typed or Printed) Thomas Ripke, mgr. Title _____													