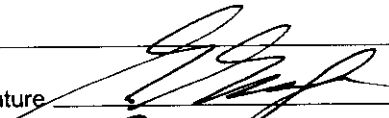


No. <b>C 95989</b>	<b>Due no later than Aug 31, 2001</b> <b>Annual Report Form</b>	2. Registered Agent and Office <b>NO PO BOX</b>																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable SANDGLEN ENTERPRISES, INC. GLEN GRAFE P.O. BOX 925  POST FALLS, ID 83854	GLENN GRAFE 945 HIGHLAND CT  POST FALLS, ID 83877  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>President</td> <td>GLENN GRAFE</td> <td>BX-925</td> <td>POST FALLS</td> <td>ID</td> <td>83877</td> </tr> <tr> <td>Sec.</td> <td>SANDY GRAFE</td> <td>BX-925</td> <td>POST FALLS</td> <td>ID</td> <td>83877</td> </tr> <tr> <td>DIRECTOR</td> <td>GLENN GRAFE</td> <td>BX-925</td> <td>POST FALLS</td> <td>ID</td> <td>83877</td> </tr> </tbody> </table>	Office held	Name	Street or P.O. Address	City	State	Zip	President	GLENN GRAFE	BX-925	POST FALLS	ID	83877	Sec.	SANDY GRAFE	BX-925	POST FALLS	ID	83877	DIRECTOR	GLENN GRAFE	BX-925	POST FALLS	ID	83877		
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5. Organized Under the Laws of:  IDAHO C 95989	6. Signature  Date <u>6/28/01</u> Name (Typed or Printed) <u>G. GRAFE</u> Title <u>President</u>																									