

No. <b>W 15970</b>	<b>Due no later than Jul 31, 2003 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		MONNIE M CRIPE 11908 E PARK RD  ATHOL, ID 83801													
	COYOTE PRODUCTIONS, LLC  PO BOX 366  BAYVIEW, ID 83803															
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="0"> <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>MONNIE CRIPE</td> <td>P.O. Box 366</td> <td>BAYVIEW</td> <td>ID</td> <td>83803</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	MONNIE CRIPE	P.O. Box 366	BAYVIEW	ID	83803
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
MANAGER	MONNIE CRIPE	P.O. Box 366	BAYVIEW	ID	83803											
5. Organized Under the Laws of:  IDAHO W 15970		6. Signature <u>Monnie Cripe</u> Date <u>7.19.03</u> Name (Typed or Printed) <u>MONNIE CRIPE</u> Title <u>MANAGER</u>														