

No. W 8790		Due no later than May 31, 2001 Annual Report Form		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address - Correct in this box, if applicable MARYANN'S GROCERY, L.L.C. DEBRA L SMITH PO BOX 392 WEIPPE, ID 83553		DEBRA L SMITH 116 MAIN ST WEIPPE, ID 83553													
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature													
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>DEBRA L. Smith</td> <td>116 N. MAIN</td> <td>WEIPPE</td> <td>ID</td> <td>83553</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	DEBRA L. Smith	116 N. MAIN	WEIPPE	ID	83553
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>												
MANAGER	DEBRA L. Smith	116 N. MAIN	WEIPPE	ID	83553												
5. Organized Under the Laws of: IDAHO W 8790		6. Signature <u>Debra L. Smith</u> Date <u>3/9/2001</u> Name (Typed or Printed) <u>DEBRA L. Smith</u> Title: <u>MANAGER</u> XXXX															

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Do Not Tape or Staple

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