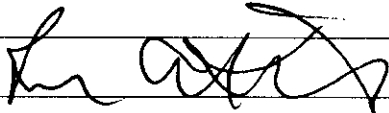


No. W 14967 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Apr 30, 2003 Annual Report Form <div style="background-color: black; color: white; padding: 2px;">1. Mailing Address: Correct in this box, if applicable</div> MIP, LLC PO BOX 475 P.O. BOX 1271 SUN VALLEY, ID 83353 Ketchum ID 83340	2. Registered Agent at _____ PO BOX ROBERT A KANTOR 220 SECOND AVE. KETCHUM, ID 83340 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Robert Kantor</td> <td>P.O. BOX 1271</td> <td>Ketchum</td> <td>ID</td> <td>83340</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	Robert Kantor	P.O. BOX 1271	Ketchum	ID	83340
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
Manager	Robert Kantor	P.O. BOX 1271	Ketchum	ID	83340									
5. Organized Under the Laws of: IDAHO W 14967	6.  Signature _____ Date _____ Name (Typed or Printed) _____ Title _____													