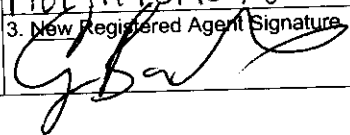
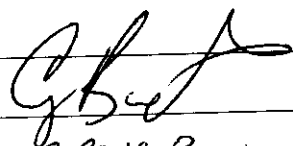


No. W 9493	Due no later than Aug 31, 2001 Annual Report Form		2. Registered Agent and Office NO PO BOX PAUL BRUCE WITHERS 848 MAIN ST STE 1 2644 Hwy 93N SALMON, ID 83467 North Fork Id 83466
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable CONTINENTAL DIVIDE OUTFITTERS, LLC MICHAEL CUMMINGS CRAIG BAXTER PO BOX 432 P.O. Box 217 NORTH FORK, ID 83466 NORTH FORK Id 83466		3. New Registered Agent Signature 
4. Limited Liability Companies: Enter Names and Addresses of Members.			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>
OWNER	CRAIG BAXTER	P.O. Box 217	NORTH FORK
			<u>State</u>
			Id.
			<u>Zip</u>
			83466
5. Organized Under the Laws of: IDAHO W 9493		6. Signature  Date <u>2oct 2001</u> Name (Typed or Printed) <u>CRAIG BAXTER</u> Title <u>OWNER</u>	