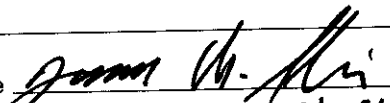


No. W 12096	Due no later than May 31, 2001 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		JESSICA TESCHER 41 E 400 S																		
	LUPIN, LIMITED LIABILITY COMPANY 41 E 400 S PO BOX 457 DRIGGS, ID 83422 Victor, ID 83455		DRIGGS, ID 83422 3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <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>James M. St. Clair</td> <td>PO Box 457</td> <td>Victor</td> <td>ID</td> <td>83455</td> </tr> <tr> <td>Manager</td> <td>Jessica Tescher</td> <td>PO Box 457</td> <td>Victor</td> <td>ID</td> <td>83455</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	James M. St. Clair	PO Box 457	Victor	ID	83455	Manager	Jessica Tescher	PO Box 457	Victor	ID	83455
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5. Organized Under the Laws of: IDAHO W 12096	6. Signature  Date 5-2-2001 Title: Manager Name (Typed or Printed) James M. St. Clair Time XXXX																				