

| <b>No. W 5507</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Due no later than February 29, 2004</b><br><b>Annual Report Form</b>                                                                                                                   |                        | 2. Registered Agent and Office <b>NO PO BOX</b>                                                                       |             |      |                        |      |       |     |                                                                                                                         |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------|------|------------------------|------|-------|-----|-------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>                                                                                                                                                                                                                                                                                                              | 1. Mailing Address. Correct in this box, if applicable.<br><b>ROCKY MOUNTAIN FLIES AND SUPPLIES L</b><br><b>DUSTON CURETON</b><br><b>876 ELIZABETH ST</b><br><br><b>REXBURG, ID 83440</b> |                        | <b>DUSTON CURETON</b><br><b>1572 W 930 S</b><br><br><b>REXBURG, ID 83440</b><br><br>3. New Registered Agent Signature |             |      |                        |      |       |     |                                                                                                                         |  |  |  |  |  |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers.<br><table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td colspan="6">           I CANCELED MY SELLERS PERMIT NO. AT<br/>           THE FIRST OF THE YEAR. BUSINESS CLOSED.<br/>           I HAVE DONE NOTHING THIS ENTIRE YEAR.         </td> </tr> </tbody> </table> |                                                                                                                                                                                           |                        |                                                                                                                       | Office held | Name | Street or P.O. Address | City | State | Zip | I CANCELED MY SELLERS PERMIT NO. AT<br>THE FIRST OF THE YEAR. BUSINESS CLOSED.<br>I HAVE DONE NOTHING THIS ENTIRE YEAR. |  |  |  |  |  |
| Office held                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Name                                                                                                                                                                                      | Street or P.O. Address | City                                                                                                                  | State       | Zip  |                        |      |       |     |                                                                                                                         |  |  |  |  |  |
| I CANCELED MY SELLERS PERMIT NO. AT<br>THE FIRST OF THE YEAR. BUSINESS CLOSED.<br>I HAVE DONE NOTHING THIS ENTIRE YEAR.                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                           |                        |                                                                                                                       |             |      |                        |      |       |     |                                                                                                                         |  |  |  |  |  |
| 5. Organized Under the Laws of:<br><br>IDAHO<br>W 5507                                                                                                                                                                                                                                                                                                                                                                                                              | 6. Signature <u>Duston Cureton</u> Date <u>12/9/03</u><br>Name (Typed or Printed) <u>DUSTON CURETON</u> Title _____                                                                       |                        |                                                                                                                       |             |      |                        |      |       |     |                                                                                                                         |  |  |  |  |  |