

No. W 7823	Due no later than January 31, 2004 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 MONCUR DISTRIBUTING, L.L.C. <i>2835 E. Morningside Dr.</i> XXXXXXXXXX IDAHO FALLS, ID XXXXXX <i>83402</i>		BRIAN MONCUR 2835 E MORNING SIDE DR IDAHO FALLS, ID 83402 3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Managers. <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><i>owner</i></td> <td><i>Brian Moncur</i></td> <td><i>2835 E Morningside Dr.</i></td> <td><i>Idaho Falls,</i></td> <td><i>ID</i></td> <td><i>83402</i></td> </tr> <tr> <td><i>owner</i></td> <td><i>Kendra Moncur</i></td> <td><i>2835 E Morningside Dr.</i></td> <td><i>Idaho Falls,</i></td> <td><i>ID</i></td> <td><i>83402</i></td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	<i>owner</i>	<i>Brian Moncur</i>	<i>2835 E Morningside Dr.</i>	<i>Idaho Falls,</i>	<i>ID</i>	<i>83402</i>	<i>owner</i>	<i>Kendra Moncur</i>	<i>2835 E Morningside Dr.</i>	<i>Idaho Falls,</i>	<i>ID</i>	<i>83402</i>
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5. Organized Under the Laws of: IDAHO W 7823		6. Signature <i>Brian Moncur</i> Date <i>12/10/03</i> Name <small>(Typed or Printed)</small> <i>Brian Moncur</i> Title <i>owner</i>																			