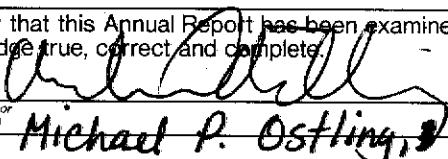


ISSUED: 10-01-1994

No. 96	Idaho Limited Liability Company Annual Report Form																		
Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 ** FINAL NOTICE ** NO SEC. OF STATE REQ'D. 835		2. Registered Agent and Office PUG OSTLING 601 MAIN ST BOISE ID 83702																	
1. Mailing Address — <i>Boise, Idaho / City / Zip</i> GRAPE ESCAPE L.L.C. PUG OSTLING P O BOX 2534 BOISE ID 83701		3. Organized Under The Laws of ID NO: 96																	
4. Names and Addresses of <input type="checkbox"/> Managers or <input checked="" type="checkbox"/> Members (check one)																			
<table border="1"> <thead> <tr> <th colspan="4">MANAGERS</th> </tr> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> </tr> </thead> <tbody> <tr> <td>Michael P. Ostling</td> <td>414 Bass St.</td> <td>Boise</td> <td>ID 83705</td> </tr> <tr> <td>Peter S. Helming</td> <td>414 Bass St.</td> <td>Boise</td> <td>ID 83706</td> </tr> </tbody> </table>				MANAGERS				Name	Street or P.O. Address	City	State	Michael P. Ostling	414 Bass St.	Boise	ID 83705	Peter S. Helming	414 Bass St.	Boise	ID 83706
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Name	Street or P.O. Address	City	State																
Michael P. Ostling	414 Bass St.	Boise	ID 83705																
Peter S. Helming	414 Bass St.	Boise	ID 83706																
5. Signature of the Current Registered Agent (if changed in block 2)		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.																	
Signature Name (Typed or Printed)		 Michael P. Ostling																	
		Date 12-6-94																	