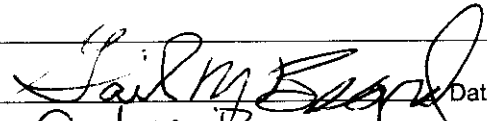


No. <b>C 103608</b>	<b>Due no later than Oct 31, 2001 Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable		GAIL M BEARD 1990 N 65TH W  IDAHO FALLS, ID 83402 4749																		
	X - B RANCHES, INC. GAIL M BEARD P.O. BOX 50336  IDAHO FALLS, ID 83402 4749																				
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <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>Pres</td> <td>Gail M. Beard</td> <td>P.O. Box 50336</td> <td>Idaho Falls</td> <td>Idaho</td> <td>83405</td> </tr> <tr> <td>Sec</td> <td>Irene A. Beard</td> <td>P.O. Box 50336</td> <td>Idaho Falls</td> <td>Idaho</td> <td>83405</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	Pres	Gail M. Beard	P.O. Box 50336	Idaho Falls	Idaho	83405	Sec	Irene A. Beard	P.O. Box 50336	Idaho Falls	Idaho	83405
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5. Organized Under the Laws of:  IDAHO C 103608	6. Signature  Date <u>10-30-01</u> Name (Typed or Printed) <u>Gail M. Beard</u> Title <u>Pres.</u>																				