

No. W 12821	Due no later than Aug 31, 2002 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		MICHAEL J HALE 978 W HWY 39 BLACKFOOT, ID 83221												
	SUPERIOR TARPS, L L.C. MICHAEL J HALE 978 W HWY 39 BLACKFOOT, ID 83221		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></td> <td>manager Michael Hale</td> <td>978 W Hwy 39</td> <td>Blackfoot</td> <td>Id.</td> <td>83221</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 Michael Hale	978 W Hwy 39	Blackfoot	Id.	83221
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
	manager Michael Hale	978 W Hwy 39	Blackfoot	Id.	83221										
5. Organized Under the Laws of: IDAHO W 12821	6. Signature <u>Michael Hale</u> Date <u>6-11-02</u> Name <small>(Typed or Printed)</small> <u>Michael Hale</u> Title <u>partner/manager</u>														