

No. C 32139	Annual Report Form Due No Later Than November 30, 1996	2. Registered Agent and Office NOT A P.O. BOX L. GERARD CONNELLY 1104 PULLMAN RD. MOSCOW ID 83843
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct TRI-STATE DISTRIBUTORS, INC. L. GERARD CONNELLY P. O. BOX 8008	3. Organized Under the Laws of: <div style="text-align: right;">ID C 32139</div>
* FIRST NOTICE *		
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>
<u>City</u>	<u>State</u>	<u>Zip</u>
<p> <i>Pres. L. Gerard Connelly Box 8008</i> </p> <p> <i>Sec. Treas. Mary L. Connelly Box 8008</i> </p> <p> <i>Director Doris E. Connelly Box 8008</i> </p> <p> <i>Director Michelle C. Arnold #12160 N. Forrest Hayden #2 83835</i> </p>		
5. NATURE OF BUSINESS RETAIL SALES	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 <u><i>L. Gerard Connelly</i></u> Date <u><i>7-18-96</i></u> Name (Typed or Printed) <u><i>L. Gerard Connelly</i></u> Title <u><i>Pres</i></u>	

ISSUED: 07-06-1996

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