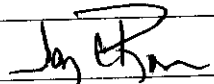
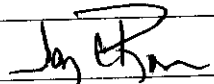
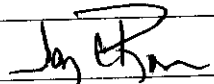


No. W 929	Due no later than Feb 28, 2001 Annual Report Form	2. Registered Agent and Office NO PO BOX JAY REISS 35 W HOPPE R CAMBRIDGE, ID 83610												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable CAMBRIDGE CONVENIENCE, L.L.C. JAY REISS PO BOX 87 CAMBRIDGE, ID 83610	3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">owner/manager</td> <td style="vertical-align: top;">Jay C. Reiss</td> <td style="vertical-align: top;">Box 87</td> <td style="vertical-align: top;">Cambridge</td> <td style="vertical-align: top;">Idaho</td> <td style="vertical-align: top;">83610</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>	owner/manager	Jay C. Reiss	Box 87	Cambridge	Idaho	83610
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
owner/manager	Jay C. Reiss	Box 87	Cambridge	Idaho	83610									
5. Organized Under the Laws of: IDAHO W 929	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature  </td> <td style="width: 40%;"> Date <u>1/20/01</u> </td> </tr> <tr> <td> (Typed or Printed) Name <u>JAY C. REISS</u> </td> <td> Title: <u>owner/manager</u> </td> </tr> </table>		Signature 	Date <u>1/20/01</u>	(Typed or Printed) Name <u>JAY C. REISS</u>	Title: <u>owner/manager</u>								
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