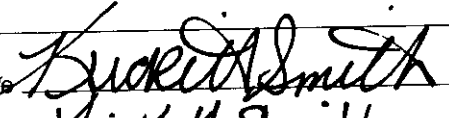
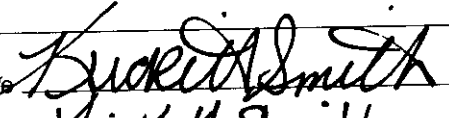
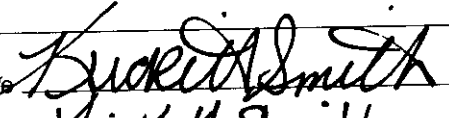


No. W 16190	Due no later than Aug 31, 2002 Annual Report Form	2. Registered Agent and Office NO PO BOX KRICKETT SMITH 4473 ANTELOPE RD MOORE, ID 83255
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable MEDICINE ROCK ANGUS LLC 4473 ANTELOPE RD MOORE, ID 83255	3. <u>New</u> Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Pres.	Krickett Smith	4557 Antelope RD	Moore,	Id	83255
V.Pres	Amanda Darland	4557 Antelope Rd	moore,	ID	83255
sec	Krickett Smith	4557 Antelope Rd.	Moore,	ID	83255

5. Organized Under the Laws of: IDAHO W 16190	6. <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;"> Signature  </td> <td style="width: 50%;"> Date 7/9/02 </td> </tr> <tr> <td> Name (Typed or Printed) Krickett Smith </td> <td> Title Pres. </td> </tr> </table>	Signature 	Date 7/9/02	Name (Typed or Printed) Krickett Smith	Title Pres.
Signature 	Date 7/9/02				
Name (Typed or Printed) Krickett Smith	Title Pres.				