No.	c103797	Annual Report Form  Due No Later Than November 30,	1999 2. Registered Agent and Office NOT A P.O. BOX
700 \ PO E BOIS <b>NO</b>	RETARY OF STATE WEST JEFFERSON BOX 83720 SE, ID 83720-0080 FEE REQUIRED	1. Mailing Address Please Correct If Not Correct SHADOW BASIN OUTFITTERS, TROY N GINN P O BOX 493	80ISE ID 83701 3. Organized Under the Laws of:
4. Co		HAMILTON MT 59840  Business Addresses of President, Secretary and Director Names and Addresses of Managers or Managers	ID C103797 ctors lembers (check one)
<del></del>	ige held Name ES IBENT TROY CRESPARY LORI	Street or P.O. Address  GINN BOX 493  GINN BOX 493	City State Zip HAMULGON MT 59840 HAMULGON MT 59840
5. Sigr	nature of New Registere	Signature Lory J. C.	SINN Date 7-19-99  SINN Title SECRETARY
	ISSUED: 07-03-	1999	249
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