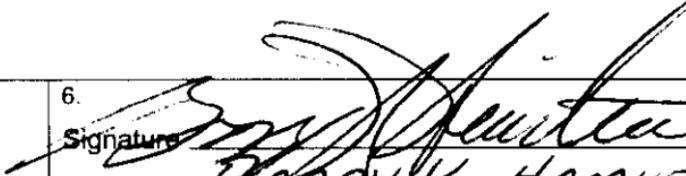


No. W 22790	Due no later than February 29, 2004	2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form 1. Mailing Address. Correct in this box if applicable: SILVER WOLF, L.L.C. LYNN DEMPSEY 1542 ADDISON AVE E TWIN FALLS, ID 83301	LYNN DEMPSEY 1542 ADDISON AVE E TWIN FALLS, ID 83301 3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1" 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>MEMBER</td> <td>LYNN DEMPSEY</td> <td>SAME AS ABOVE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>MEMBER</td> <td>BARRY K. HAMILTON</td> <td>P.O. BOX 163</td> <td>TWIN FALLS</td> <td>ID.</td> <td>83301</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>	MEMBER	LYNN DEMPSEY	SAME AS ABOVE				MEMBER	BARRY K. HAMILTON	P.O. BOX 163	TWIN FALLS	ID.	83301
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MEMBER	BARRY K. HAMILTON	P.O. BOX 163	TWIN FALLS	ID.	83301															
5. Organized Under the Laws of: IDAHO W 22790	6.  Signature _____ Date 6 DEC 2003 Name (Typed or Printed) BARRY K. HAMILTON Title MEMBER																			