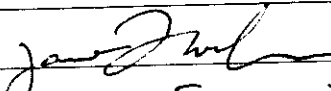


No. W 17958	Due no later than Feb 28, 2003 Annual Report Form	2. Registered Agent and Office NO PO BOX JAMES FLOCCHINI RT 1 BOX 172 KOOSKIA, ID 83539
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable TWO RAVENS HERBALS, LLC RT 1 BOX 172 KOOSKIA, ID 83539	3. <u>New</u> Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
	James Flocchini	Rt. 1 Box 172	Kooskia, ID.		83539
	Meryl Kastin Flocchini	Rt. 1 Box 172	Kooskia, ID.		83539

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 17958 </div>	6. Signature  Date <u>1/2/03</u> Name <small>(Typed or Printed)</small> <u>James Flocchini</u> Title <u>owner member</u>
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