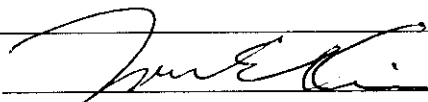


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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------|-------------|-------------------------------|-------------|--------------|------------|--|--|--|--|--|--|
| No. J 871 | Due no later than Nov 30, 2002 Annual Report Form | | 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 | 1. Mailing Address - Correct in this box, if applicable | | TOM E KING PO BOX 669 1032 IDAHO AVE BURLEY, ID 83318 0669 | | | | | | | | | | | | |
| | KING'S OF OROFINO LLP PO BOX 669 BURLEY, ID 83318 0669 | | | | | | | | | | | | | | |
| 4. Limited Liability Partnerships: No further information is required. <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><u>Office held</u></td> <td style="text-align: center;"><u>Name</u></td> <td style="text-align: center;"><u>Street or P.O. Address</u></td> <td style="text-align: center;"><u>City</u></td> <td style="text-align: center;"><u>State</u></td> <td style="text-align: center;"><u>Zip</u></td> </tr> <tr> <td colspan="6" style="height: 300px;"></td> </tr> </table> | | | | <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | | | | | | |
| <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO J 871 | | 6. Signature  Date <u>9-6-02</u> Name (Typed or Printed) <u>TOM E. KING,</u> Title <u>GEN PARTNER</u> | | | | | | | | | | | | | |