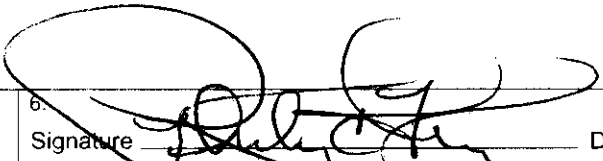


No. C 117701	Due no later than Jan 31, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX PHILIP C KNIEP 420 W 4TH ST SHOSHONE, ID 83352
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable PMK, INC. PO BOX 612 SHOSHONE, ID 83352		3. <u>New</u> Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Pres.	Philip Kniep	P.O. Box 612	Shoshone	ID	83352
V. Pres.	Marilee Kniep	P.O. Box 612	Shoshone	ID	83352
Sec	Marilee Kniep	P.O. Box 612	Shoshone	ID	83352

5. Organized Under the Laws of: IDAHO C 117701	6.  Signature _____ Date <u>2/25/04</u> Name (Typed or Printed) <u>Philip C. Kniep</u> Title <u>Pres.</u>
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