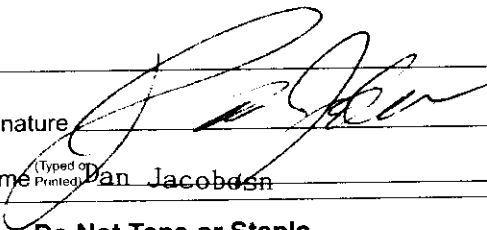


No. W 6116 Return to: W 6116 SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than May 31, 2003 Annual Report Form 1. Mailing Address - Correct in this box, if applicable: FANHANDLE WHOLESALE SUPPLY & EQUIPM DAN S JACOBSON PO BOX 905 SANDPOINT, ID 83864	2. Registered Agent and Office NO PO BOX DAN S JACOBSON 212 N 1ST AVE #103 SANDPOINT, ID 83864 3. <u>New</u> Registered Agent Signature																		
4. <u>Partnership or Companies: Enter Name and Addresses of Managers.</u> <table 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>Operating Mng.</td> <td>Dan S. Jacobson</td> <td>P.O. Box 905</td> <td>Sandpoint,</td> <td>Idaho</td> <td>83864</td> </tr> <tr> <td>Member</td> <td>Darold J. Sauer</td> <td>P.O. Box 169</td> <td>Sagle,</td> <td>Idaho</td> <td>83860</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>	Operating Mng.	Dan S. Jacobson	P.O. Box 905	Sandpoint,	Idaho	83864	Member	Darold J. Sauer	P.O. Box 169	Sagle,	Idaho	83860
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5. Organized Under the Laws of: IDAHO W 6116	6.  Signature _____ Date <u>3/12/03</u> Name (Typed or Printed) <u>Dan Jacobson</u> Title <u>Operating Manager</u>																			