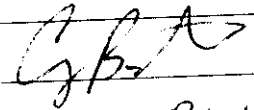


<b>No. W 9493</b>	<b>Due no later than August 31, 2003</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>  CRAIG BAXTER 2644 HWY 93 N  NORTH FORK, ID 83466												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box if applicable:  CONTINENTAL DIVIDE OUTFITTERS, LLC CRAIG BAXTER PO BOX 217  NORTH FORK, ID 83466		3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: center;"><u>Office held</u></th> <th style="text-align: center;"><u>Name</u></th> <th style="text-align: center;"><u>Street or P.O. Address</u></th> <th style="text-align: center;"><u>City</u></th> <th style="text-align: center;"><u>State</u></th> <th style="text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">MANAGER</td> <td style="text-align: center;">CRAIG BAXTER</td> <td style="text-align: center;">P.O. Box 217</td> <td style="text-align: center;">NORTH FORK</td> <td style="text-align: center;">ID.</td> <td style="text-align: center;">83466</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>	MANAGER	CRAIG BAXTER	P.O. Box 217	NORTH FORK	ID.	83466
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
MANAGER	CRAIG BAXTER	P.O. Box 217	NORTH FORK	ID.	83466										
5. Organized Under the Laws of:  IDAHO W 9493		6. Signature  Name (Typed or Printed) <u>CRAIG BAXTER</u> Title <u>Owner</u> Date <u>9-5-03</u>													