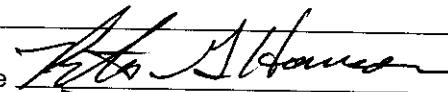


No. W 3239	Due no later than Dec 31, 2000		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		PETER G HANSON													
	1. Mailing Address - Correct in this box, if applicable PETE'S CUSTOM MEATS L.L.C. PETER G HANSON 107 SOUTH VASIL SALMON, ID 83467		107 VASIL SALMON, ID 83467 3. <u>New</u> Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Peter G. Hanson</td> <td>107 S. Vasil</td> <td>Salmon</td> <td>ID</td> <td>83467</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	Peter G. Hanson	107 S. Vasil	Salmon	ID	83467
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
Manager	Peter G. Hanson	107 S. Vasil	Salmon	ID	83467											
5. Organized Under the Laws of: IDAHO W 3239		6. Signature  Date 11-5-00 Name (Typed or Printed) Peter G. Hanson Title: Owner/Manager XXXX														

Issued 10/02/2000

Do Not Tape or Staple

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