

No. W 2773		Annual Report Form Due No Later Than November 30, 1999		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED		1. Mailing Address - Please Correct. If Not Correct		PATRICIA F CLAUSEN 822 - 16TH AVE LEWISTON ID 83501																			
		HICO CONVENIENCE STORE, L.L. PATRICIA F CLAUSEN 822 - 16TH AVE LEWISTON ID 83501		3. Organized Under the Laws of: ID W 2773																			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																							
<table border="1"><thead><tr><th>Office held</th><th>Name</th><th>Street or P.O. Address</th><th>City</th><th>State</th><th>Zip</th></tr></thead><tbody><tr><td>PARTNER</td><td>CARL & PATTI CLAUSEN</td><td>1804 12TH AVENUE</td><td>LEWISTON, ID</td><td>83501</td><td></td></tr><tr><td>PARTNER</td><td>ALBION LEE & MARY LEE SQUIRES</td><td>1305 N.4th Ave</td><td>ONALASKA, WI</td><td>54650</td><td></td></tr></tbody></table>						Office held	Name	Street or P.O. Address	City	State	Zip	PARTNER	CARL & PATTI CLAUSEN	1804 12TH AVENUE	LEWISTON, ID	83501		PARTNER	ALBION LEE & MARY LEE SQUIRES	1305 N.4th Ave	ONALASKA, WI	54650	
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5. Signature of New Registered Agent		6. Signature <u>Patti Clausen</u> Date <u>7-15-99</u> Name (Typed or Printed) <u>PATTI CLAUSEN</u> Title <u>PARTNER</u>																					

ISSUED: 07-03-1999

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