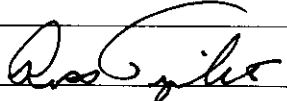


<b>No. C 83112</b>	<b>Due no later than Feb 28, 2002</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b> ROSS TRIPLETT 204 HOSPITAL DR  OROFINO, ID 83544																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF                  RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable TRIPCO, INC. ROSS TRIPLETT PO BOX 792  OROFINO, ID 83544		3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; margin-top: 10px;"> <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>PRESIDENT</td> <td>ROSS TRIPLETT</td> <td>PO BOX 792</td> <td>OROFINO</td> <td>ID</td> <td>83544</td> </tr> <tr> <td>SECRETARY</td> <td>JOY TRIPLETT</td> <td>PO BOX 792</td> <td>OROFINO</td> <td>ID</td> <td>83544</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>	PRESIDENT	ROSS TRIPLETT	PO BOX 792	OROFINO	ID	83544	SECRETARY	JOY TRIPLETT	PO BOX 792	OROFINO	ID	83544
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SECRETARY	JOY TRIPLETT	PO BOX 792	OROFINO	ID	83544																
5. Organized Under the Laws of:  IDAHO C 83112		6. Signature  Date <u>12-11-01</u> Name <small>(Typed or Printed)</small> <u>ROSS TRIPLETT</u> Title <u>PRESIDENT</u>																			