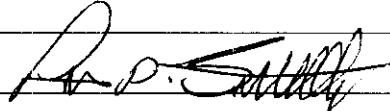


No. W 9676	Due no later than Sep 30, 2000 Annual Report Form	2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address - Correct in this box, if applicable SMITHMAN ENTERPRISES, L.L.C. PO BOX 478 CASCADE, ID 83611	PATRICK D SMITHMAN 99 W PROSPECTORS DR CASCADE, ID 83611 3. New Registered Agent Signature											
4. Limited Liability Companies: Enter Names and Addresses of Members. <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>OWNER/MEMBER MANAGER</td> <td>PATRICK D. SMITHMAN</td> <td>P.O. BOX 478</td> <td>CASCADE</td> <td>ID.</td> <td>83611</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	OWNER/MEMBER MANAGER	PATRICK D. SMITHMAN	P.O. BOX 478	CASCADE	ID.	83611
Office held	Name	Street or P.O. Address	City	State	Zip									
OWNER/MEMBER MANAGER	PATRICK D. SMITHMAN	P.O. BOX 478	CASCADE	ID.	83611									
5. Organized Under the Laws of: IDAHO W 9676	6. Signature  Date <u>9-25-00</u> Name (Typed or Printed) <u>PATRICK D. SMITHMAN</u> Title: <u>OWNER/MEMBER</u> XXXX MANAGER													

Issued 07/10/2000

Do Not Tape or Staple

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