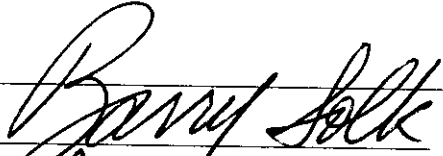
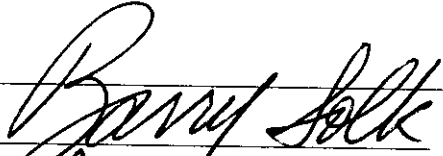
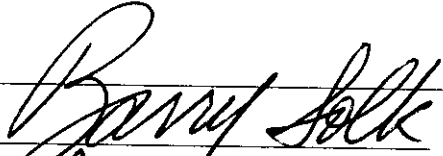


No. W 1258	Due no later than Jun 30, 2002 Annual Report Form		2. Registered Agent and Office NO PO BOX BARRY SOLK 529 MAIN ST SALMON, ID 83467																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable STAR LIMITED, L.L.C. BARRY SOLK P O BOX 1063 SALMON, ID 83467		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: 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>Member</td> <td>BARRY SOLK</td> <td>PO BOX 1063</td> <td>SALMON</td> <td>ID.</td> <td>83467</td> </tr> <tr> <td>Member</td> <td>DIANNA D. McCLAIN</td> <td>"</td> <td>"</td> <td>"</td> <td>"</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>	Member	BARRY SOLK	PO BOX 1063	SALMON	ID.	83467	Member	DIANNA D. McCLAIN	"	"	"	"
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																
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Member	DIANNA D. McCLAIN	"	"	"	"																
5. Organized Under the Laws of: IDAHO W 1258	6. <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;"> Signature  </td> <td style="width: 40%;"> Date <u>4/8/02</u> </td> </tr> <tr> <td> Name (Typed or Printed) <u>BARRY SOLK</u> </td> <td> Title <u>President</u> </td> </tr> </table>			Signature 	Date <u>4/8/02</u>	Name (Typed or Printed) <u>BARRY SOLK</u>	Title <u>President</u>														
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