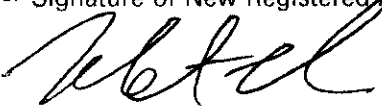


|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                   |           |                                                                                   |      |         |                         |               |       |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------|------|---------|-------------------------|---------------|-------|---------|
| No. <b>W 9091</b>                                                                                                                                                                                                                                                        | <b>Annual Report Form</b> 1999<br><i>Due No Later Than November 30,</i>                                                                                                                                                                                                                                                                                                                                                                                                                           | 2. Registered Agent and Office <b>NOT A P.O. BOX</b>                                                                                              |           |                                                                                   |      |         |                         |               |       |         |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FEE REQUIRED</b><br><br><b>* FIRST NOTICE *</b>                                                                                                              | 1. Mailing Address - Please Correct, If Not Correct<br><br><b>MORGAN'S FINE FINISHES, L.L.</b><br><b>MATHEW A. MORGAN BOX 5266</b><br><del>4304 GLENBROOK DRIVE</del><br><b>Ketchum ID 83340</b><br><del>HAILEY</del> ID 83333                                                                                                                                                                                                                                                                    | <b>MATHEW A. MORGAN</b><br><b>4304 GLENBROOK DRIVE</b><br><br><b>HAILEY</b> ID 83333<br><br>3. Organized Under the Laws of:<br><br>ID      W 9091 |           |                                                                                   |      |         |                         |               |       |         |
| 4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b><br>Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                   |           |                                                                                   |      |         |                         |               |       |         |
| <u>Office held</u>                                                                                                                                                                                                                                                       | <u>Name</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>Street or P.O. Address</u>                                                                                                                     |           |                                                                                   |      |         |                         |               |       |         |
|                                                                                                                                                                                                                                                                          | <u>City</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>State</u>                                                                                                                                      |           |                                                                                   |      |         |                         |               |       |         |
|                                                                                                                                                                                                                                                                          | <u>Zip</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                   |           |                                                                                   |      |         |                         |               |       |         |
| <p><i>Matthew A. Morgan Box 5266 Ketchum ID 83340</i></p> <p><i>Bret A. Morgan Box 5266 Ketchum ID 83340</i></p>                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                   |           |                                                                                   |      |         |                         |               |       |         |
| 5. Signature of New Registered Agent<br><br>                                                                                                                                             | 6. <table style="width: 100%; border: none;"> <tr> <td style="width: 35%;">Signature</td> <td style="width: 35%; text-align: center;"></td> <td style="width: 30%;">Date</td> <td style="width: 10%; text-align: center;">7/19/99</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td style="text-align: center;">MATHEW MORGAN</td> <td>Title</td> <td style="text-align: center;">officer</td> </tr> </table> |                                                                                                                                                   | Signature |  | Date | 7/19/99 | Name (Typed or Printed) | MATHEW MORGAN | Title | officer |
| Signature                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                  | Date                                                                                                                                              | 7/19/99   |                                                                                   |      |         |                         |               |       |         |
| Name (Typed or Printed)                                                                                                                                                                                                                                                  | MATHEW MORGAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Title                                                                                                                                             | officer   |                                                                                   |      |         |                         |               |       |         |

ISSUED: 07-03-1999

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