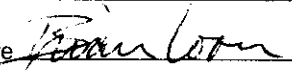


No. W 21126	Due no later than October 31, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address <small>Correct in this box if applicable</small>		BRIAN COON 329 S WOODRUFF AVE IDAHO FALLS, ID 83401																		
	TETON DELIVERY, LLC 329 S WOODRUFF AVE IDAHO FALLS, ID 83401																				
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td></td> <td>Manager: Benson Smith</td> <td>3591 Summerfield Dr</td> <td>Idaho Falls, ID</td> <td></td> <td>83404</td> </tr> <tr> <td></td> <td>Manager: Brian Coon</td> <td>2895 Woodbridge Dr.</td> <td>Idaho Falls, ID</td> <td>83401</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>		Manager: Benson Smith	3591 Summerfield Dr	Idaho Falls, ID		83404		Manager: Brian Coon	2895 Woodbridge Dr.	Idaho Falls, ID	83401	
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	Manager: Brian Coon	2895 Woodbridge Dr.	Idaho Falls, ID	83401																	
5. Organized Under the Laws of: IDAHO W 21126	6. Signature  Date <u>11-3-03</u> Name <small>(Typed or Printed)</small> <u>Brian Coon</u> Title <u>V.P.</u>																				