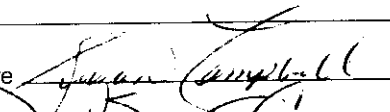
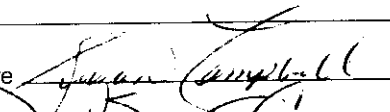
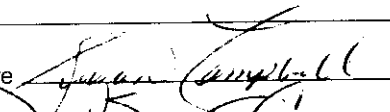


No. W 12899	Due no later than September 30, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX ROGER D CAMPBELL 923 SPARKS ST TWIN FALLS, ID 83301																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable ALPINE SALES, LLC 923 SPARKS ST TWIN FALLS, ID 83301		3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 10%;">Office held</th> <th style="text-align: left; width: 20%;">Name</th> <th style="text-align: left; width: 30%;">Street or P.O. Address</th> <th style="text-align: left; width: 15%;">City</th> <th style="text-align: left; width: 15%;">State</th> <th style="text-align: left; width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>PARTNER</td> <td>ROGER CAMPBELL</td> <td>923 SPARKS ST N</td> <td>TWIN FALLS,</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>PARTNER</td> <td>SUZAN CAMPBELL</td> <td>923 SPARKS ST N</td> <td>TWIN FALLS,</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	PARTNER	ROGER CAMPBELL	923 SPARKS ST N	TWIN FALLS,	ID	83301	PARTNER	SUZAN CAMPBELL	923 SPARKS ST N	TWIN FALLS,	ID	83301
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5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 12899 </div>		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Signature </td> <td style="width: 40%;">Date 7/9/03</td> </tr> <tr> <td>Name (Typed or Printed) <u>SUZAN CAMPBELL</u></td> <td>Title <u>THAT</u></td> </tr> </table>		Signature 	Date 7/9/03	Name (Typed or Printed) <u>SUZAN CAMPBELL</u>	Title <u>THAT</u>														
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