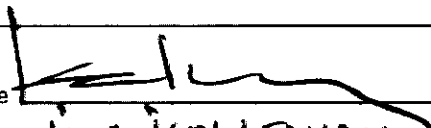


No. W 1839	Annual Report Form <i>Due No Later Than November 30, 1999</i>		2. Registered Agent and Office NOT A P.O. BOX DR. K.C. KOLLENKARK 303 S 3RD ST MCCALL ID 83638
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct MCCALL K & D, L.L.C. DR. K.C. KOLLENKARK 303 S 3RD ST MCCALL ID 83638		3. Organized Under the Laws of: ID W 1839
** FINAL NOTICE **			
4. Corporations: Enter Names and Business Addresses of <u>President/ Secretary and Directors</u> Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> <u>Managers</u> or <input type="checkbox"/> <u>Members</u> (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>
MGR.	K.C. KOLLENKARK	1175 SLEEPING CHILD RD.	HAMILTON MT. 59840
5. <u>New</u> Registered Agent Signature		6. Signature  Name (Typed or Printed) K.C. KOLLENKARK Date 12/22/99 Title MANAGER	

ISSUED: 10-02-1999

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