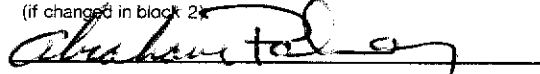
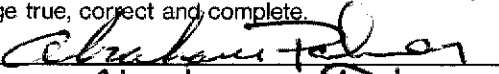
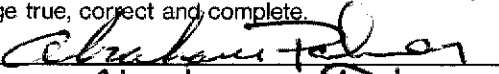
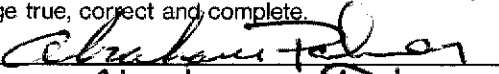


ISSUED: 10-01-1994

No. 78  Return To  <b>Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080</b>  <b>** FINAL NOTICE ** NO FEE REQUIRED</b>	<b>Idaho Limited Liability Company Annual Report Form</b>  Due No Later Than November 1, 1994  1. Mailing Address — HIGH MOUNTAIN MARKET, L.C. ABRAHAM PALMER P O BOX 277  MACKS INN ID 83433	2. Registered Agent and Office ABRAHAM PALMER P O BOX 277  MACKS INN ID 83433  3. Organized Under The Laws of ID NO: 78										
4. Names and Addresses of <input type="checkbox"/> Managers or <input checked="" type="checkbox"/> Members (check one)  <table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Abraham Palmer</td> <td>P.O. Box 514</td> <td>Island Park Id.</td> <td></td> <td>83429</td> </tr> </tbody> </table>			Name	Street or P.O. Address	City	State	Zip	Abraham Palmer	P.O. Box 514	Island Park Id.		83429
Name	Street or P.O. Address	City	State	Zip								
Abraham Palmer	P.O. Box 514	Island Park Id.		83429								
5. Signature of the Current Registered Agent (if changed in block 2) 	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  <table border="1"> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td></td> <td>6-10-95</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td></td> </tr> <tr> <td>Abraham Palmer</td> <td></td> </tr> </table>		Signature	Date		6-10-95	Name (Typed or Printed)		Abraham Palmer			
Signature	Date											
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Abraham Palmer												