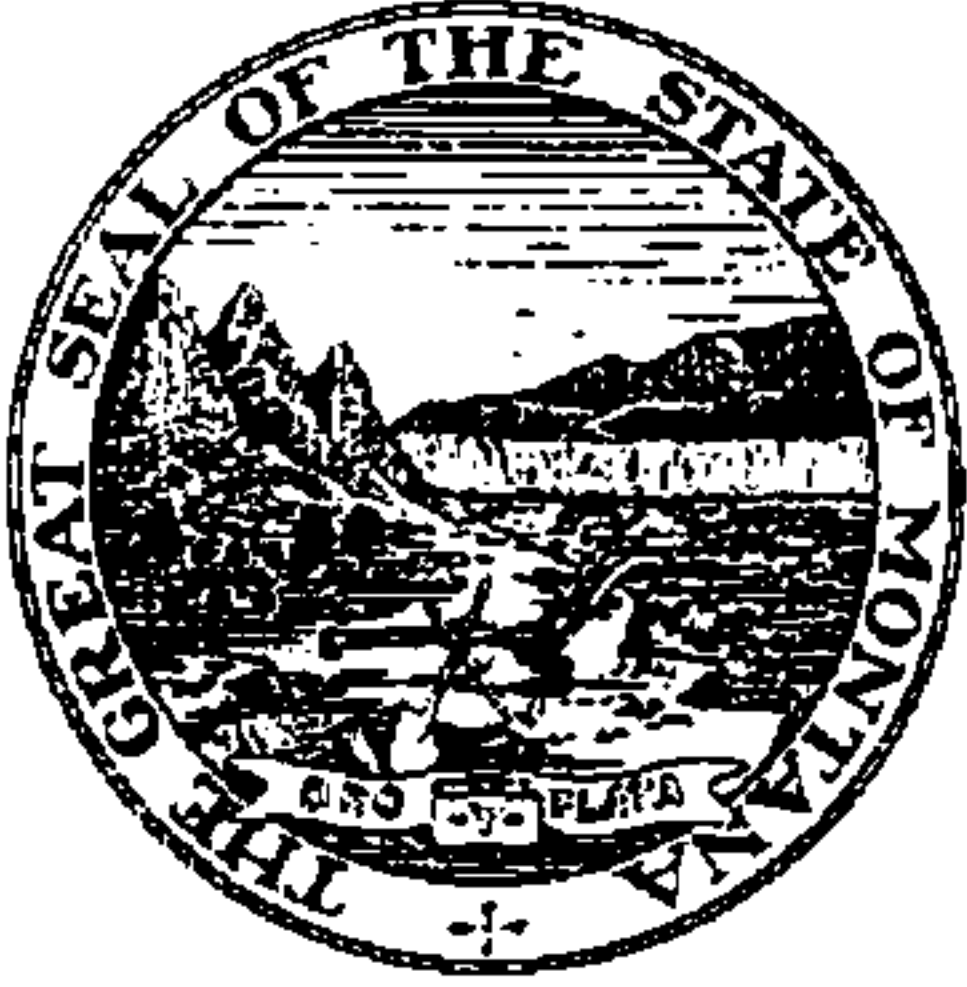


MONTANA CORPORATION ANNUAL REPORT -
MUST BE RETURNED AS REQUIRED BY 35-1-1104, MCA

652887



Sign and include correct filing fee:
\$10 if filed on or before April 15th
\$20 if filed after April 15th
\$30 if filed after September 1st
(If you complete Box A, an additional \$5 is required)
Make checks payable to Secretary of State.

STATE OF MONTANA
FILED

FEB 06 2001

SECRETARY OF STATE

VALLEY DISTRIBUTING OF MONTANA, INC.

%DENNY RUE
2518 WHITTIER PL
BILLINGS MT 59102-1940

FOLDER: D- 039724
TYPE: 11 DGT

Registered Agent address according to our records:
(To change, complete Box A to right.)

2518 WHITTIER PLACE
BILLINGS MT 59102

Box A: To CHANGE Registered Agent Information, complete box and pay additional \$5 fee.

NEW REGISTERED AGENT NAME		
NEW PHYSICAL ADDRESS		
MAILING ADDRESS		
CITY	STATE MT	ZIP
NEW REGISTERED AGENT SIGNATURE		

PAID

Make changes per instructions, sign and return with required fee (see back).

\$ 10

1. State/Country of Incorporation: MONTANA
2. Description of Business: GENERAL BUSINESS
3. Principal Officers - At least one officer **MUST** be listed. If necessary, make changes to the right.
Attach list if there are more than four officers.

President:

DENNIS J RUE
2518 WHITTIER
BILLINGS MT 59102

Vice President:

JOANN DAHLBERG
4440 TRAILMASTER DR
BILLINGS MT 59101

Secretary:

DOUGLAS DAHLBERG
4440 TRAILMASTER DR
BILLINGS MT 59101

Treasurer:

SAME AS SECR

RECEIVED

FEB 06 2001

MONTANA SECRETARY OF STATE

SIGNATURE REQUIRED ON BACK (over)

4. Directors of Corporation - At least 1 director(s) MUST be listed below. If necessary, make changes to the right. Attach list if more than five directors.

DENNIS J RUE
2518 WHITTIER
BILLINGS MT 59102

DOUGLAS DAHLBERG
4440 TRAILMASTER DR
BILLINGS MT 59101

JOANN DAHLBERG
4440 TRAILMASTER DR
BILLINGS MT 59101

5. SHARES - CHANGE THE NUMBER OF ISSUED SHARES IF DIFFERENT FROM OUR RECORDS. IF ISSUED SHARES EXCEED AUTHORIZED SHARES OR A CHANGE IS MADE IN CLASS, PAR VALUE, OR THE NUMBER OF AUTHORIZED SHARES, AN AMENDMENT MUST BE FILED ACCORDING TO MCA TITLE 35.

SHARES	SHARES ISSUED		CLASS	SERIES	PAR VALUE
AUTHORIZED	OUR RECORDS	YOUR RECORDS			
500.00	500.00		COMMON		0.00

BY MY SIGNATURE BELOW, I, AN OFFICIAL OF THE ABOVE CORPORATION, DO STATE THAT I SIGNED THIS REPORT ON BEHALF OF THE CORPORATION AND THAT THE STATEMENTS HEREIN CONTAINED ARE TRUE, UNDER PENALTY OF FALSE SWEARING.

X Dennis J Rue
SIGNATURE OF OFFICER
OR CHAIRMAN OF BOARD

President
TITLE

Dennis J Rue
PRINTED NAME OF
SIGNING OFFICIAL

2-5-2001
DATE

Sign and include correct filing fee:

\$10 if filed on or before April 15th

\$20 if filed after April 15th

\$30 if filed after September 1st

(If you complete Box A, an additional \$5 is required)

Make checks payable to Secretary of State.

Please send fee and completed report to:

Bob Brown (406) 444-3665

Secretary of State

PO Box 202802

Helena MT 59620-2802