MONTANA CORPORATION ANNUAL REPORT 2003

MUST BE RETURNED IN ORDER FOR YOUR CORPORATION TO REMAIN ACTIVE AND IN GOOD STANDING AND PREVENT INVOLUNTARY DISSOLUTION/REVOCATION PER 35-1-1104,MCA.

FILING FEE IS $15, IF FILED ON OR BEFORE APRIL 15TH; FILING FEE IS $30, IF FILED AFTER APRIL 15TH.

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STATE OF MONTANA
FILED
JAN 10 2003
SECRETARY OF STATE

VALLEY DISTRIBUTING OF MONTANA, INC.

%DENNY RUE

2518 WHITTIER PL
BILLINGS MT 59102-1940

ORGANIZATIONAL ID NUMBER: D-039724
TYPE: 11

RR

NEW REGISTERED AGENT INFORMATION: Our records currently reflect the above Registered Agent information (below business name). If the above Registered Agent and/or Registered Office Address has changed, please complete the following: **PLEASE NOTE: BUSINESS NAME CANNOT BE CHANGED ON ANNUAL REPORT.**

X:_____ _____ Phone:_____
Signature of New Registered Agent(Required) Printed Name of New Registered Agent

E-Mail Address (optional):_____

New Street Address:_____ City:_____ **MT** Zip:_____

New Mailing Address/P.O.Box*:_____ City:_____ **MT** Zip:_____

* If Mailing Address is different from Street Address **All Addresses must be in Montana**

Our records currently reflect the information below and on the back:

1. State/Country of Incorporation: MONTANA

2. Description of Business: GENERAL BUSINESS

3. Names and Addresses of **Principal Officers - At least one officer MUST be listed.** If the names and/or addresses of the officers listed on the left have changed, list the change on the right. Attach a list if there are more than four officers.

President:
DENNIS J RUE
2518 WHITTIER
BILLINGS MT 59102

New Pres Name _____
New Address _____
City, State, Zip _____

Vice President:
JOANN DAHLBERG
4440 TRAILMASTER DR
BILLINGS MT 59101

New Vpres Name _____
New Address _____
City, State, Zip _____

Secretary:
DOUGLAS DAHLBERG
4440 TRAILMASTER DR
BILLINGS MT 59101

New Secr Name _____
New Address _____
City, State, Zip _____

RECEIVED
JAN 10 2003
MONTANA SECRETARY OF STATE

Treasurer
SAME AS SECR

New Treas Name _____
New Address _____
City, State, Zip _____

If the above list is incomplete, please check the Registered Principal Search at www.sos.state.mt.us/css/index.asp or call (406)444-3665.

SIGNATURE REQUIRED ON BACK (Over)

4. Names and Addresses of the [redacted]ors - **At least 1 director(s) MU[redacted]isted.** If the names and/or addresses of the directors listed on the left have changed, list the change on the right. Attach a list if more than five directors.

DENNIS J RUE
2518 WHITTIER
BILLINGS MT 59102

New Dir Name _____
New Address _____
City, State, Zip _____

DOUGLAS DAHLBERG
4440 TRAILMASTER DR
BILLINGS MT 59101

New Dir Name _____
New Address _____
City, State, Zip _____

JOANN DAHLBERG
4440 TRAILMASTER DR
BILLINGS MT 59101

New Dir Name _____
New Address _____
City, State, Zip _____

New Dir Name _____
New Address _____
City, State, Zip _____

New Dir Name _____
New Address _____
City, State, Zip _____

If the above list is incomplete, please check the Registered Principal Search at www.sos.state.mt.us/css/index.asp or call (406)444-3665.

5. Shares - Change the number of issued shares if different from our records in the space provided.

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

HOWEVER, 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.

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 SIGNATURE OF OFFICER OR CHAIR OF BOARD	TITLE	PRINT NAME OF SIGNING OFFICIAL	DATE
[signature]	President	Dennis J Rue	1-9-03

THE INDIVIDUAL SIGNING MUST BE LISTED ON THE ANNUAL REPORT OR ATTACHMENT AND IDENTIFIED AS EITHER AN OFFICER OR CHAIR OF THE BOARD OF DIRECTORS IN ORDER FOR THIS OFFICE TO ACCEPT THE SIGNATURE.

ALL INFORMATION PROVIDED, INCLUDING NAMES AND ADDRESSES OF OFFICERS AND DIRECTORS, WILL BE MADE AVAILABLE ON THE SECRETARY OF STATE'S WEBSITE WWW.SOS.STATE.MT.US/CSS/INDEX.ASP OR UPON REQUEST.

SIGN AND INCLUDE CORRECT FILING FEE:
$15, IF FILED ON OR BEFORE APRIL 15TH
$30, IF FILED AFTER APRIL 15TH

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