

INSTRUCTIONS ON REVERSE SIDE

ISSUED: 07-04-1995

|                                                                                 |                                                                             |                                               |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------|
| No. 89817                                                                       | Idaho Corporation Annual Report Form                                        | 2. Registered Agent and Office NOT A P.O. BOX |
| Return To                                                                       | Due No Later Than November 15 1995                                          | TERRY DOUPE<br>HCO #1, BOX 180                |
| Secretary of State<br>700 W Jefferson<br>P.O. Box 83720<br>Boise, ID 83720-0080 | 1. Mailing Address - (Please Check If We Cannot<br>CROSS KEYS, INCORPORATED | DESMET ID 83824                               |
| * FIRST NOTICE *                                                                | TERRY DOUPE<br>P O BOX 128                                                  | 3. Incorporated Under The Laws of             |
| NO FEE REQUIRED                                                                 | TENSED ID 83870                                                             | ID                                            |
|                                                                                 |                                                                             | NO: 89817                                     |

## 4. Names and Addresses of Officers and Directors

|            | Name         | Street or P.O. Address | City   | State | Postal Code |
|------------|--------------|------------------------|--------|-------|-------------|
| President: | Terry Doupe  | P.O. Box 128           | Tensed | ID    | 83870       |
| Secretary: | Erline Doupe |                        |        |       |             |
| Directors: |              |                        |        |       |             |

## 5. Nature of Business

restuarant

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature

Name (Typed or Printed)

Erline DOUPE

Date

Title

Sec