STATE OF IDAHO  4. Name Street or P.O. Address  President: Dougld whipple 3233 67H SH, D, Lawiston Ida 8350  Secretary: Directors:  5. Nature of Business  6. I certify that this Annual Report As been examined by me and is to the best of my knowled true, correct/and complete  Signature on whape Date 7/10/88	No. 433264	Idaho Corporation Annual Report Form	2. Registered Agent and Office
Names and Addresses of Officers and Directors  President: Douce of Whipple 3233 67H St. D. Lewiston Ida 8350  State Zip  President: Directors:  Directors:  Name Street or P.O. Address  City State Zip  3233 67H St. D. Lewiston Ida 8350  Secretary: Directors:  Nature of Business  6. I certify that this Annual Report has been examined by me and is to the best of my knowled true, correct/and complete Signature on which are part of the par	Secretary of State Room 203, Statehouse		DONALO WHIPPLE  3233 SIXTH STREET 0
Name Street or P.O. Address  President: Doucld whipple 3233 67H St. D. Lewiston Ida 8350  Secretary: Directors:  Nature of Business  6. I certify that this Annual Report has been examined by me and is to the best of my knowled true, correct/and complete  Signature on whipple 3450			FENTZION® IDAMO 50
Nature of Business  Nature of Business    Nature of Business   City   State   Zip		DONALD WHIPPLE	3. Incorporated Under The Laws
Nature of Business  6. I certify that this Annual Report has been examined by me and is to the best of my knowled true, correctand complete  Signature  Ontary  Ontary		LEWISTON, IDAHO	
Nature of Business  6. I certify that this Annual Report has been examined by me and is to the best of my knowled true, correct and complete  Signature  Date  7/10/88	Names and Addresses of Office	cers and Directors	
Nature of Business  6. I certify that this Annual Report has been examined by me and is to the best of my knowled true, correct/and complete  Signature  Date  7/10/88	. 4	Name Street or P.O. Address	City State Zio
Nature of Business  6. I certify that this Annual Report has been examined by me and is to the best of my knowled true, correct/and complete  Signature  Date  7/10/88	President: Doud Id	Whipple 3233 GTH St. D.	Lawiston Ida 83501
true, correct/and complete  Signature  Date 7/10/88	oecielary.		
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			amined by me and is to the best of my knowledge.
Name Printed DON Whippie Title OUNEY/Mand	Nature of Business	6. I certify that this Annual Hebort has been exe true, correct/and complete/	7/./00
·	P	true, correct/and complete	Date 7/10/88
	P	true, correct/and complete	Date 7/10/88