	INSTRUCTIONS ON REVERSE SIDE	ISSUED: 06-30-1990
No. 64747	Idaho Corporation Annual Report Form	2. Registered Agent and Office
Return To Secretary of State Room 203, Statehouse Boise, ID 83720	Due No Later Than November 1, 1990	ROBERT NORMAN
	1. Mailing Address — Please Correct	- 155 2ND AVENUE NORTH
	ROBERT A. NORMAN, C.P.A., P.A., ROBERT NORMAN P. O. BOX 394	TWIN FALLS ID 83303 2
		3. Incorporated Under The Laws

ID 83303 NO FEE REQUIRED TWIN FALLS

Robert A Norman

President: Secretary:

Directors:

NO: 064747 4. Names and Addresses of Officers and Directors Name Street or P.O. Address City PO Box 394 Twin Falls Idaho 83303
P.O. Box 394 Twin Falls Idaho 83303
P.O. Box 394 Twin Falls, Idaho 83303 Robert A Norman Rita Schwenson

State

Zip

5. Nature of Business 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge Certified Public Accountant true, correct and complete. Signature