

| <b>No. C 89399</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Due no later than May 31, 2001</b><br><b>Annual Report Form</b>                                                                         | <b>2. Registered Agent and Office NO PO BOX</b><br>JAN ALTMILLER<br>1033 HEMLOCK DR<br>LEWISTON, ID 83501 |             |       |                        |      |       |     |           |                |               |          |    |       |                 |              |           |          |    |       |          |                 |                  |   |   |   |          |            |              |   |   |   |          |            |                |   |   |   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------|-------|------------------------|------|-------|-----|-----------|----------------|---------------|----------|----|-------|-----------------|--------------|-----------|----------|----|-------|----------|-----------------|------------------|---|---|---|----------|------------|--------------|---|---|---|----------|------------|----------------|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>         RECEIVED BY DUE DATE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1. Mailing Address - Correct in this box if applicable</b><br>HELLS CANYON ARCHERS, INC.<br><br>BOX 1351<br><br>LEWISTON, ID 83501      | <b>3. New Registered Agent Signature</b>                                                                  |             |       |                        |      |       |     |           |                |               |          |    |       |                 |              |           |          |    |       |          |                 |                  |   |   |   |          |            |              |   |   |   |          |            |                |   |   |   |
| <b>4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                            |                                                                                                           |             |       |                        |      |       |     |           |                |               |          |    |       |                 |              |           |          |    |       |          |                 |                  |   |   |   |          |            |              |   |   |   |          |            |                |   |   |   |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 20%;">Office held</th> <th style="text-align: left; width: 20%;">Name</th> <th style="text-align: left; width: 30%;">Street or P.O. Address</th> <th style="text-align: left; width: 15%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 15%;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Timothy Snyder</td> <td>3627 16th St.</td> <td>Lewiston</td> <td>ID</td> <td>83501</td> </tr> <tr> <td>Secretary/Treas</td> <td>Cindy Eccles</td> <td>410 Vista</td> <td>Lewiston</td> <td>ID</td> <td>83501</td> </tr> <tr> <td>Director</td> <td>Larry Altmiller</td> <td>1033 Hemlock Dr.</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Director</td> <td>Dave Lewis</td> <td>1110 10th St</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Director</td> <td>Mike Bowen</td> <td>1805 Cedar Ave</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table> |                                                                                                                                            |                                                                                                           | Office held | Name  | Street or P.O. Address | City | State | Zip | President | Timothy Snyder | 3627 16th St. | Lewiston | ID | 83501 | Secretary/Treas | Cindy Eccles | 410 Vista | Lewiston | ID | 83501 | Director | Larry Altmiller | 1033 Hemlock Dr. | " | " | " | Director | Dave Lewis | 1110 10th St | " | " | " | Director | Mike Bowen | 1805 Cedar Ave | " | " | " |
| Office held                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Name                                                                                                                                       | Street or P.O. Address                                                                                    | City        | State | Zip                    |      |       |     |           |                |               |          |    |       |                 |              |           |          |    |       |          |                 |                  |   |   |   |          |            |              |   |   |   |          |            |                |   |   |   |
| President                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Timothy Snyder                                                                                                                             | 3627 16th St.                                                                                             | Lewiston    | ID    | 83501                  |      |       |     |           |                |               |          |    |       |                 |              |           |          |    |       |          |                 |                  |   |   |   |          |            |              |   |   |   |          |            |                |   |   |   |
| Secretary/Treas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Cindy Eccles                                                                                                                               | 410 Vista                                                                                                 | Lewiston    | ID    | 83501                  |      |       |     |           |                |               |          |    |       |                 |              |           |          |    |       |          |                 |                  |   |   |   |          |            |              |   |   |   |          |            |                |   |   |   |
| Director                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Larry Altmiller                                                                                                                            | 1033 Hemlock Dr.                                                                                          | "           | "     | "                      |      |       |     |           |                |               |          |    |       |                 |              |           |          |    |       |          |                 |                  |   |   |   |          |            |              |   |   |   |          |            |                |   |   |   |
| Director                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Dave Lewis                                                                                                                                 | 1110 10th St                                                                                              | "           | "     | "                      |      |       |     |           |                |               |          |    |       |                 |              |           |          |    |       |          |                 |                  |   |   |   |          |            |              |   |   |   |          |            |                |   |   |   |
| Director                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Mike Bowen                                                                                                                                 | 1805 Cedar Ave                                                                                            | "           | "     | "                      |      |       |     |           |                |               |          |    |       |                 |              |           |          |    |       |          |                 |                  |   |   |   |          |            |              |   |   |   |          |            |                |   |   |   |
| <b>5. Organized Under the Laws of:</b><br><br>IDAHO<br>C 89399                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>6.</b><br>Signature <u>Cindy S. Eccles</u> Date <u>8/2/01</u><br>Name (Typed or Printed) <u>Cindy S. Eccles</u> Title: <u>Sec/Treas</u> |                                                                                                           |             |       |                        |      |       |     |           |                |               |          |    |       |                 |              |           |          |    |       |          |                 |                  |   |   |   |          |            |              |   |   |   |          |            |                |   |   |   |