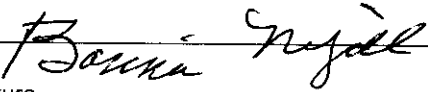


No. C 47513	Due no later than May 31, 2001 Annual Report Form		2. Registered Agent and Office NO PO BOX BONNIE NEJDL 152 MAIN OROFINO, ID 83544																																				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable NADL ENTERPRISES, INC. BONNIE NEJDL P. O. BOX 1043 OROFINO, ID 83544		3. <u>New</u> Registered Agent Signature																																				
NO FILING FEE IF RECEIVED BY DUE DATE																																							
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Leila Crockett</td> <td>P.O. Box 511</td> <td>Orofino</td> <td>ID</td> <td>83544</td> </tr> <tr> <td>Sec/Treas</td> <td>Bonnie Nejd1</td> <td>P.O. Box 1043</td> <td>Orofino</td> <td>ID</td> <td>83544</td> </tr> <tr> <td>Director</td> <td>Leila Crockett</td> <td>P.O. Box 511</td> <td>Orofino</td> <td>ID</td> <td>83544</td> </tr> <tr> <td>Director</td> <td>Bonnie Nejd1</td> <td>P.O. Box 1043</td> <td>Orofino</td> <td>ID</td> <td>83544</td> </tr> <tr> <td>Director</td> <td>Steve Crockett</td> <td>P.O. Box 511</td> <td>Orofino</td> <td>ID</td> <td>83544</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Leila Crockett	P.O. Box 511	Orofino	ID	83544	Sec/Treas	Bonnie Nejd1	P.O. Box 1043	Orofino	ID	83544	Director	Leila Crockett	P.O. Box 511	Orofino	ID	83544	Director	Bonnie Nejd1	P.O. Box 1043	Orofino	ID	83544	Director	Steve Crockett	P.O. Box 511	Orofino	ID	83544
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5. Organized Under the Laws of: IDAHO C 47513	6.  Signature _____ Date _____ Name (Typed or Printed) Bonnie Nejd1 Title: Sec/Treas																																						