

No. 85919	Idaho Corporation Annual Report Form		2. Registered Agent and Office JOHN D. BROKENS 1421 JENSEN																									
Return To	Due No Later Than November 1, 1989																											
RECEIVED SECRETARY OF STATE NO FEE REQUIRED 89 OCT 17 AM 8 56	1. Mailing Address — Please Correct 85919																											
	QUE, INC. JOHN D. BROKENS P. O. BOX 663 POCATELLO ID 83201		3. Incorporated Under The Laws of IDAHO NO: 85919																									
4. Names and Addresses of Officers and Directors																												
<table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>John D. Brokens</td> <td>1421 Jensen</td> <td>Pocatello</td> <td>Id</td> <td>83201</td> </tr> <tr> <td>Secretary:</td> <td>Lenna Faye Brokens</td> <td>" "</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td>Blayne D. Brokens</td> <td>11465 Whispering Cliffs Dr</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	John D. Brokens	1421 Jensen	Pocatello	Id	83201	Secretary:	Lenna Faye Brokens	" "	"	"	"	Directors:	Blayne D. Brokens	11465 Whispering Cliffs Dr	"	"	"
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Directors:	Blayne D. Brokens	11465 Whispering Cliffs Dr	"	"	"																							
5. Nature of Business Diversified		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="0"> <tr> <td>Signature</td> <td><i>John D. Brokens</i></td> <td>Date</td> <td>10-10-89</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>John D. Brokens</td> <td>Title</td> <td>10-10-89</td> </tr> </table>			Signature	<i>John D. Brokens</i>	Date	10-10-89	Name (Typed or Printed)	John D. Brokens	Title	10-10-89																
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