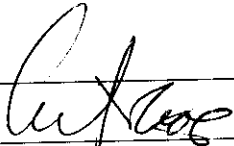


<b>No. C 59954</b>	<b>Due no later than Dec 31, 2000</b> <b>Annual Report Form</b>		<b>2. Registered Agent and Office NO PO BOX</b> PETER H FLOOD 191 RIVERS ST #205 ANICITO KETCHUM, ID 83340																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	<b>1. Mailing Address - Correct in this box, if applicable</b> PETER FLOOD & CO., INC. PETER H FLOOD P.O. BOX 229  SUN VALLEY, ID 83353		<b>3. <u>New</u> 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: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 35%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 10%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 15%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Peter H. Flood</td> <td>P.O. Box 229</td> <td>Sun Valley</td> <td>ID</td> <td>83353</td> </tr> <tr> <td>Secretary</td> <td>Deborah S. Flood</td> <td>P.O. Box 229</td> <td>Sun Valley</td> <td>ID</td> <td>83353</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	Peter H. Flood	P.O. Box 229	Sun Valley	ID	83353	Secretary	Deborah S. Flood	P.O. Box 229	Sun Valley	ID	83353
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Secretary	Deborah S. Flood	P.O. Box 229	Sun Valley	ID	83353																
<b>5. Organized Under the Laws of:</b>  IDAHO C 59954		<b>6.</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           Signature             Name (Typed or Printed) <u>Peter H. Flood</u> </div> <div style="width: 35%;">           Date _____            Title: <u>President</u> </div> </div>																			