

<b>No.</b> 89460  Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  <b>NO FEE REQUIRED</b>	<b>Idaho Corporation Annual Report Form</b> <i>Due No Later Than November 1, 1990</i> 1. Mailing Address — <i>Please Correct</i>  CC INC. KATHRYN ANN CISKOWSKI P. O. BOX 1508  BONNERS FERRY ID 83805	2. Registered Agent and Office  KATHRYN ANN CISKOWSKI 152 MOHAWK  BONNERS FERRY ID 83805  3. Incorporated Under The Laws of ID  NO: 080460																								
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>Katheryn Ann Ciskowski</td> <td>P.O. Box 1508</td> <td>Bonnors Ferry</td> <td>ID</td> <td>83805</td> </tr> <tr> <td>Secretary:</td> <td>Charlene Marie Nye</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></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:	Katheryn Ann Ciskowski	P.O. Box 1508	Bonnors Ferry	ID	83805	Secretary:	Charlene Marie Nye					Directors:					
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Directors:																										
5. Nature of Business Travel Agency	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>Charlene Nye</i></td> <td>Date</td> <td>10-5-90</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Charlene Nye</td> <td>Title</td> <td>10-5-90</td> </tr> </table>		Signature	<i>Charlene Nye</i>	Date	10-5-90	Name (Typed or Printed)	Charlene Nye	Title	10-5-90																
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