

INSTRUCTIONS ON REVERSE SIDE

ISSUED: 06-30-1990

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|--|--|------------------------|---|
| No. 38035 | Idaho Corporation Annual Report Form | | 2. Registered Agent and Office |
| <i>Return To</i> Secretary of State Room 203, Statehouse Boise, ID 83720 | Due No Later Than November 1, 1990 | | JOS T CHAPMAN 1215 EAST LAKE SHORE DR. |
| | 1. Mailing Address — Please Correct | | COUER D'ALENE ID 83814 |
| | JOS. T. CHAPMAN & CO., INC. JOS. T. CHAPMAN P. O. BOX 1118 | | 3. Incorporated Under The Laws of ID |
| | NO FEE REQUIRED | COEUR D'ALENE ID 83814 | NO: 038035 |

4. Names and Addresses of Officers and Directors

| | Name | Street or P.O. Address | City | State | Zip |
|------------|--------------------|------------------------|---------------|-------|-------|
| President: | Joseph T. Chapman | P.O. Box 1118 | Coeur D'Alene | Idaho | 83814 |
| Secretary: | Frances F Chapman | " | " | " | " |
| Directors: | Joseph T. Chapman | " | " | " | " |
| | Joseph H. Chapman | " | " | " | " |
| | Frances F. Chapman | " | " | " | " |

5. Nature of Business

INSURANCE

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature

Name Typed or Printed

Joseph T. Chapman

Date

10/4/90

Title

President