

INSTRUCTIONS ON REVERSE SIDE

No. 87251	Idaho Corporation Annual Report Form Due No Later Than November 1, 1994		2. Registered Agent and Office: NOT A P.O. BOX MICHAEL H. MORRISON 10510 HIGHWAY 12																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 ** FINAL NOTICE ** NO FEE REQUIRED	1. Mailing Address — Please Correct, If Not Correct P & M ENTERPRISES, INC. MICHAEL H. MORRISON P.O. BOX 2481 OROFINO ID 83544		OROFINO ID 83544 3. Incorporated Under The Laws of ID NO: 87251																									
4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED <table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>MICHAEL H. MORRISON</td> <td>10510 Hy. 12</td> <td>OROFINO</td> <td>ID</td> <td>83544</td> </tr> <tr> <td>Secretary:</td> <td>PATRICIA A. MORRISON</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>						Name	Street or P.O. Address	City	State	Zip	President:	MICHAEL H. MORRISON	10510 Hy. 12	OROFINO	ID	83544	Secretary:	PATRICIA A. MORRISON					Directors:					
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Secretary:	PATRICIA A. MORRISON																											
Directors:																												
5. Nature of Business Misc	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="1"> <tr> <td>Signature</td> <td><i>Patricia A. Morrison</i></td> <td>Date</td> <td>10/30/94</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>PATRICIA A. MORRISON</td> <td>Title</td> <td>VP-Secy.</td> </tr> </table>				Signature	<i>Patricia A. Morrison</i>	Date	10/30/94	Name (Typed or Printed)	PATRICIA A. MORRISON	Title	VP-Secy.																
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