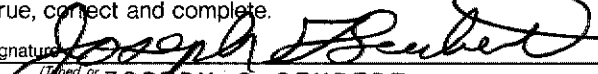
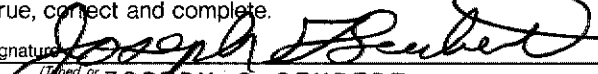
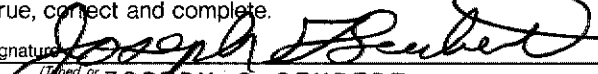


ISSUED: 07-05-1994

No. 83621	Idaho Corporation Annual Report Form Due No Later Than November 1, 1994	2. Registered Agent and Office NOT A P.O. BOX JOSEPH G. SEUBERT 602 MAIN STREET KAMIAH ID 83536																				
Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address — JOSEPH G. SEUBERT, INC. JOSEPH G. SEUBERT P.O. BOX 968 KAMIAH ID 83536	3. Incorporated Under The Laws of ID NO: 83621																				
4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED <table border="1"> <thead> <tr> <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: JOSEPH G SEUBERT</td> <td>P.O. BOX 97</td> <td>COTTONWOOD</td> <td>IDAHO</td> <td>83522</td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Name	Street or P.O. Address	City	State	Zip	President: JOSEPH G SEUBERT	P.O. BOX 97	COTTONWOOD	IDAHO	83522	Secretary:					Directors:				
Name	Street or P.O. Address	City	State	Zip																		
President: JOSEPH G SEUBERT	P.O. BOX 97	COTTONWOOD	IDAHO	83522																		
Secretary:																						
Directors:																						
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. <table border="1"> <tr> <td>Signature </td> <td>Date 7-11-94</td> </tr> <tr> <td>Name (Typed or Printed) JOSEPH G SEUBERT</td> <td>Title PRESIDENT</td> </tr> </table>		Signature 	Date 7-11-94	Name (Typed or Printed) JOSEPH G SEUBERT	Title PRESIDENT																
Signature 	Date 7-11-94																					
Name (Typed or Printed) JOSEPH G SEUBERT	Title PRESIDENT																					