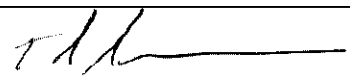


No. C121820	Annual Report Form <i>Due No Later Than November 30,</i> 1999		2. Registered Agent and Office NOT A P.O. BOX																									
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct		TED S SORENSON 5203 S 11TH E IDAHO FALLS ID 83404																									
	GEORGETOWN POWER, INC. TED S SORENSON 5203 S 11TH E IDAHO FALLS ID 83404		3. Organized Under the Laws of: ID C121820																									
	4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Office held</th> <th style="width: 20%;">Name</th> <th style="width: 30%;">Street or P.O. Address</th> <th style="width: 15%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Ted S. Sorenson</td> <td>5203 South 11th East</td> <td>Idaho Falls</td> <td>ID</td> <td>83404</td> </tr> <tr> <td>Secretary</td> <td>Gayle A. Sorenson</td> <td>5203 South 11th East</td> <td>Idaho Falls</td> <td>ID</td> <td>83404</td> </tr> <tr> <td>Director</td> <td>Ted S. Sorenson</td> <td>5203 South 11th East</td> <td>Idaho Falls</td> <td>ID</td> <td>83404</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	Ted S. Sorenson	5203 South 11th East	Idaho Falls	ID	83404	Secretary	Gayle A. Sorenson	5203 South 11th East	Idaho Falls	ID	83404	Director	Ted S. Sorenson	5203 South 11th East	Idaho Falls	ID	83404
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5. Signature of New Registered Agent		6. <div style="text-align: center;">  Signature _____ Date _____ Name (Typed or Printed) Ted S. Sorenson Title Registered Agent </div>																										

ISSUED: 07-03-1999

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