

INSTRUCTIONS ON REVERSE SIDE

No. 90504	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991	2. Registered Agent and Office NOT A P.O. BOX																								
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	1. Mailing Address: Please Correct If Not Correct	GAIL L. WILLIAMS HC 33, P.O. BOX 2633 DAGGETT CREEK ROAD BOISE ID 83706																								
	IDAHO PADS, INC. GAIL L. WILLIAMS HC 33, P.O. BOX 2633 DAGGETT CREEK ROAD BOISE ID 83706	3. Incorporated Under The Laws of ID NO: 090504																								
4. Names and Addresses of Officers and Directors																										
<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>Gail L. Williams</td> <td>HC 33 Box 2633</td> <td>Boise</td> <td>ID</td> <td>83706</td> </tr> <tr> <td>Secretary:</td> <td>Anthony Williams</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td>None</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Name	Street or P.O. Address	City	State	Zip	President:	Gail L. Williams	HC 33 Box 2633	Boise	ID	83706	Secretary:	Anthony Williams					Directors:	None				
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Secretary:	Anthony Williams																									
Directors:	None																									
5. Nature of Business MFG - Chair lift pads Tower Pads, Post Pad Etc for Ski Areas	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>Gail L. Williams</i></td> <td>Date</td> <td>7/11/91</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Gail L. Williams</td> <td>Title</td> <td>Pres</td> </tr> </table>		Signature	<i>Gail L. Williams</i>	Date	7/11/91	Name (Typed or Printed)	Gail L. Williams	Title	Pres																
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