

|                                                                                                                                               |                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| No. 103257<br><br>Return To<br><br>Secretary of State<br>Room 203, Statehouse<br>Boise, ID 83720<br><br>** FINAL NOTICE **<br>NO FEE REQUIRED | <b>Idaho Corporation Annual Report Form</b><br>Due No Later Than November 1, 1994<br>1. Mailing Address — Please Correct, If Not Correct<br>MORTGAGE MAKERS, INC. (THE)<br>SHARON K DE PARTEE<br><del>1020 E CAYMAN DR</del> 5390 S. FIVE MILE RD.<br><del>MERIDIAN</del> BOISE ID 83642 83709 | 2. Registered Agent and Office NOT A P.O. BOX<br>SHARON K DE PARTEE<br><del>1020 E CAYMAN DR</del><br>5390 S. FIVE MILE RD.<br>MERIDIAN BOISE ID 83642 83709<br><br>3. Incorporated Under The Laws<br>of ID<br>NO: 103257 |
|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## 4. Names and Addresses of Officers and Directors

## MUST BE PRINTED OR TYPED

|            | Name               | Street or P.O. Address | City     | State | Zip   |
|------------|--------------------|------------------------|----------|-------|-------|
| President: | SHARON K. DEPARTEE | 5390 S. FIVE MILE RD.  | BOISE    | ID    | 83709 |
| Secretary: | IRENE T. DE PARTEE | 1020 E. CAYMAN DR.     | MERIDIAN | ID    | 83642 |
| Directors: | SHARON K. DEPARTEE | 5390 S. FIVE MILE RD.  | BOISE    | ID    | 83709 |
|            | IRENE T. DEPARTEE  | 1020 E. CAYMAN DR.     | MERIDIAN | ID    | 83642 |
|            | EARL N. DEPARTEE   | 1020 E. CAYMAN DR.     | MERIDIAN | ID    | 83642 |

## 5. Nature of Business

MORTGAGE ORIGINATION, BROKER  
AND PROCESSING

## 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)

*Sharon K. DePatee*  
SHARON K. DEPARTEE

Date

Title

10/10/94

PRESIDENT