

|                                                                                                                                                                                                                                                               |                                                                                                                                            |                                                                                                                                                           |                                                                                                                                                |                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| No. <b>C116997</b>                                                                                                                                                                                                                                            | <b>Annual Report Form</b><br>Due No Later Than November 30, <b>1999</b>                                                                    |                                                                                                                                                           | 2. Registered Agent and Office <b>NOT A P.O. BOX</b><br><br><b>JOHN A. COLEMAN</b><br><b>401 2ND ST. NO.</b><br><br><b>TWIN FALLS ID 83303</b> |                 |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FEE REQUIRED</b>                                                                                                                                  | 1. Mailing Address - Please Correct, if Not Correct<br><br><b>JOHN A. COLEMAN, CHTD.</b><br><b>JOHN A. COLEMAN</b><br><b>P.O. BOX 1293</b> |                                                                                                                                                           | 3. Organized Under the Laws of:<br><br>ID <b>C116997</b>                                                                                       |                 |
| <b>* FIRST NOTICE *</b>                                                                                                                                                                                                                                       |                                                                                                                                            |                                                                                                                                                           |                                                                                                                                                |                 |
| 4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b><br>Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one) |                                                                                                                                            |                                                                                                                                                           |                                                                                                                                                |                 |
| <u>Office held</u>                                                                                                                                                                                                                                            | <u>Name</u>                                                                                                                                | <u>Street or P.O. Address</u>                                                                                                                             | <u>City</u>                                                                                                                                    | <u>State</u>    |
| <i>President</i>                                                                                                                                                                                                                                              | <i>John A. Coleman</i>                                                                                                                     | <i>P.O. Box 1293</i>                                                                                                                                      | <i>Twin Falls</i>                                                                                                                              | <i>ID 83303</i> |
| <i>Secretary</i>                                                                                                                                                                                                                                              | <i>Amy Coleman</i>                                                                                                                         | <i>P.O. Box 1293</i>                                                                                                                                      | <i>Twin Falls</i>                                                                                                                              | <i>ID 83303</i> |
| 5. Signature of New Registered Agent                                                                                                                                                                                                                          |                                                                                                                                            | 6.                                                                                                                                                        |                                                                                                                                                |                 |
|                                                                                                                                                                                                                                                               |                                                                                                                                            | Signature <u><i>John A. Coleman</i></u> Date <u><i>7/12/99</i></u><br>Name (Typed or Printed) <u><i>John A. Coleman</i></u> Title <u><i>President</i></u> |                                                                                                                                                |                 |

ISSUED: 07-03-1999

4440