

| No. 049083                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Idaho Corporation Annual Report Form                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                      | 2. Registered Agent and Office                                 |       |                                                                                       |                        |                    |         |                         |                            |                 |           |    |       |                           |                |        |    |       |                         |                |         |     |       |            |            |         |     |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------|---------------------------------------------------------------------------------------|------------------------|--------------------|---------|-------------------------|----------------------------|-----------------|-----------|----|-------|---------------------------|----------------|--------|----|-------|-------------------------|----------------|---------|-----|-------|------------|------------|---------|-----|-------|
| Return To<br><br>Secretary of State<br>Room 203, Statehouse<br>Boise, ID 83720<br><br>RECEIVED<br>SEC. OF STATE<br><br>87 JUL 13 AM 10:52                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Due No Later Than November 1, 1987                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                      | WALTER R. BRUCE<br>ROUTE 2, BOX 105A<br>WEISER, IDAHO<br>83672 |       |                                                                                       |                        |                    |         |                         |                            |                 |           |    |       |                           |                |        |    |       |                         |                |         |     |       |            |            |         |     |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1. Mailing Address — Please Correct 049083<br><br>HELLS CANYON FOUR WHEELERS ASSOC.<br>VIRGIL SMITH<br>509 E. LIBERTY<br>WEISER, IDAHO<br>83672 |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                |       | 3. Incorporated Under The Laws of<br><br>STATE OF IDAHO<br><br>ENTERED<br>JUL 23 1987 |                        |                    |         |                         |                            |                 |           |    |       |                           |                |        |    |       |                         |                |         |     |       |            |            |         |     |       |
| 4. Names and Addresses of Officers and Directors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                |       |                                                                                       |                        |                    |         |                         |                            |                 |           |    |       |                           |                |        |    |       |                         |                |         |     |       |            |            |         |     |       |
| <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: VIRGIL E. SMITH</td> <td>509 E. Liberty</td> <td>Weiser</td> <td>ID</td> <td>83672</td> </tr> <tr> <td>Secretary: LINDA C. SMITH</td> <td>509 E. Liberty</td> <td>Weiser</td> <td>ID</td> <td>83672</td> </tr> <tr> <td>Directors: BETTY CASTLE</td> <td>599 SE 18TH AV</td> <td>ONTARIO</td> <td>ORE</td> <td>97914</td> </tr> <tr> <td>Jim FUGATE</td> <td>428 NW 1ST</td> <td>ONTARIO</td> <td>ORE</td> <td>97914</td> </tr> </tbody> </table> |                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                |       | Name                                                                                  | Street or P.O. Address | City               | State   | Zip                     | President: VIRGIL E. SMITH | 509 E. Liberty  | Weiser    | ID | 83672 | Secretary: LINDA C. SMITH | 509 E. Liberty | Weiser | ID | 83672 | Directors: BETTY CASTLE | 599 SE 18TH AV | ONTARIO | ORE | 97914 | Jim FUGATE | 428 NW 1ST | ONTARIO | ORE | 97914 |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Street or P.O. Address                                                                                                                          | City                                                                                                                                                                                                                                                                                                                                                                                 | State                                                          | Zip   |                                                                                       |                        |                    |         |                         |                            |                 |           |    |       |                           |                |        |    |       |                         |                |         |     |       |            |            |         |     |       |
| President: VIRGIL E. SMITH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 509 E. Liberty                                                                                                                                  | Weiser                                                                                                                                                                                                                                                                                                                                                                               | ID                                                             | 83672 |                                                                                       |                        |                    |         |                         |                            |                 |           |    |       |                           |                |        |    |       |                         |                |         |     |       |            |            |         |     |       |
| Secretary: LINDA C. SMITH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 509 E. Liberty                                                                                                                                  | Weiser                                                                                                                                                                                                                                                                                                                                                                               | ID                                                             | 83672 |                                                                                       |                        |                    |         |                         |                            |                 |           |    |       |                           |                |        |    |       |                         |                |         |     |       |            |            |         |     |       |
| Directors: BETTY CASTLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 599 SE 18TH AV                                                                                                                                  | ONTARIO                                                                                                                                                                                                                                                                                                                                                                              | ORE                                                            | 97914 |                                                                                       |                        |                    |         |                         |                            |                 |           |    |       |                           |                |        |    |       |                         |                |         |     |       |            |            |         |     |       |
| Jim FUGATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 428 NW 1ST                                                                                                                                      | ONTARIO                                                                                                                                                                                                                                                                                                                                                                              | ORE                                                            | 97914 |                                                                                       |                        |                    |         |                         |                            |                 |           |    |       |                           |                |        |    |       |                         |                |         |     |       |            |            |         |     |       |
| 5. Nature of Business<br>4 WHEEL DRIVE CLUB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                 | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.<br><br><table border="1"> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td><i>[Signature]</i></td> <td>6-30-87</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Title</td> </tr> <tr> <td>VIRGIL E. SMITH</td> <td>President</td> </tr> </table> |                                                                |       | Signature                                                                             | Date                   | <i>[Signature]</i> | 6-30-87 | Name (Typed or Printed) | Title                      | VIRGIL E. SMITH | President |    |       |                           |                |        |    |       |                         |                |         |     |       |            |            |         |     |       |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Date                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                |       |                                                                                       |                        |                    |         |                         |                            |                 |           |    |       |                           |                |        |    |       |                         |                |         |     |       |            |            |         |     |       |
| <i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 6-30-87                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                |       |                                                                                       |                        |                    |         |                         |                            |                 |           |    |       |                           |                |        |    |       |                         |                |         |     |       |            |            |         |     |       |
| Name (Typed or Printed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Title                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                |       |                                                                                       |                        |                    |         |                         |                            |                 |           |    |       |                           |                |        |    |       |                         |                |         |     |       |            |            |         |     |       |
| VIRGIL E. SMITH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | President                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                |       |                                                                                       |                        |                    |         |                         |                            |                 |           |    |       |                           |                |        |    |       |                         |                |         |     |       |            |            |         |     |       |