

No. 78089	<b>Idaho Corporation Annual Report Form</b>		2. Registered Agent and Office																									
Return To  Secretary of State Room 203, Statehouse Boise ID 83720  SECRETARY OF STATE  NO FEE REQUIRED	Due No Later Than November 1, 1990		JOHN W. S. ROEDER 650 E. AMITY RD.																									
	1. Mailing Address — Please Correct		BOISE ID 83705 610																									
	SPIRAL ENGINEERING U. S. A. JOHN W. S. ROEDER 650 E. AMITY RD.		3. Incorporated Under The Laws of ID																									
		BOISE ID 83705		NO: 078089																								
4. Names and Addresses of Officers and Directors																												
<table border="0"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>John Roeder</td> <td>650 E. Amity</td> <td>Boise</td> <td>ID</td> <td>83705</td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	John Roeder	650 E. Amity	Boise	ID	83705	Secretary:						Directors:					
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																							
President:	John Roeder	650 E. Amity	Boise	ID	83705																							
Secretary:																												
Directors:																												
5. Nature of Business  Manufacturing		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="0"> <tr> <td>Signature</td> <td><i>John W. S. Roeder</i></td> <td>Date</td> <td>Sept 29, 1990</td> </tr> <tr> <td>Name (Type or Printed)</td> <td>John Roeder</td> <td>Title</td> <td>President</td> </tr> </table>			Signature	<i>John W. S. Roeder</i>	Date	Sept 29, 1990	Name (Type or Printed)	John Roeder	Title	President																
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