INSTRUCTIONS ON REVERSE SIDE

No. 055764

Idaho Corporation Annual Report Form

Due No Later Than November 1, 1987

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720

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1. Mailing Address — *Please Correct* 055764

VARIETIES, INC.
WILLIAM M. SHIPP
P.O. BOX 574
SALMON, IDAHO
83467

2. Registered Agent and Office

WILLIAM M. SHIPP
503 U.S. HWY 93 NORTH
SALMON, IDAHO
83467

ENTERED
JUL 23 19

3. Incorporated Under The Laws of

STATE OF IDAHO

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Zip
President:	WILLIAM M. SHIPP	P.O.BOX 574-503 HWY. 93 NORTH	SALMON	IDAHO	834670574
Secretary:	TWILENE L. SHIPP	P.O.BOX 574-503 HWY. 93 NORTH	SALMON	IDAHO	834670574
Directors:	TWILENE L. SHIPP VICE PRESIDENT				
	WILLIAM M. SHIPP TREASURER				

5. Nature of Business

MOTEL

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 [signature]

Name (Typed or Printed) WILLIAM M. SHIPP

Date JULY 9, 1987

Title PRES.

10001000 0499