

No. 39080	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991		2. Registered Agent and Office NOT A P.O. BOX																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 0 FEE REQUIRED	1. Mailing Address: Please Correct If Not Correct		THOMAS KOBER 1119 12TH AVENUE SOUTH NAMPA ID 83651																									
	COASTAL VISIONS, INC. THOMAS KOBER 1119 12TH AVENUE SOUTH NAMPA ID 83651		3. Incorporated Under The Laws of ID NO: 089080																									
4. Names and Addresses of Officers and Directors																												
<table border="1"> <thead> <tr> <th></th> <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:</td> <td>Thomas Kober</td> <td>5454 N. Mitchell</td> <td>Boise</td> <td>ID</td> <td>83704</td> </tr> <tr> <td>Secretary:</td> <td>Karen S. Kober</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>						Name	Street or P.O. Address	City	State	Zip	President:	Thomas Kober	5454 N. Mitchell	Boise	ID	83704	Secretary:	Karen S. Kober	" "	" "	" "	" "	Directors:					
	Name	Street or P.O. Address	City	State	Zip																							
President:	Thomas Kober	5454 N. Mitchell	Boise	ID	83704																							
Secretary:	Karen S. Kober	" "	" "	" "	" "																							
Directors:																												
5. Nature of Business		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.																										
Barbering		Signature <u>Thomas Kober</u> Date <u>9-10-91</u> Name (Typed or Printed) <u>Thomas Kober</u> Title <u>President</u>																										