

## INSTRUCTIONS ON REVERSE SIDE

No. 85228	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1993	2. Registered Agent and Office <b>NOT A P.O. BOX</b>
Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  <b>** FINAL NOTICE **</b> <b>NO FEE REQUIRED</b>	1. Mailing Address <b>KSRV, INC.</b> <b>GORDON L. CAPPS</b> <b>P.O. BOX 129</b>  <b>ONTARIO</b> <b>OR 97914</b>	<b>DAVID N. CAPPS</b> <b>168 PIERCE STREET</b>  <b>TWIN FALLS</b> <b>ID 83303</b>  3. Incorporated Under The Laws of <b>OR</b> NO: <b>85228</b>

## 4. Names and Addresses of Officers and Directors

**MUST BE PRINTED OR TYPED**

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	<i>David N Capps</i>	KCMB P.O. Box 866	Baker City,	Or.	97814
Secretary:	<i>Gordon L Capps</i>	KSRU PO BOX 129	ONTARIO,	OR	97914
Directors:	<i>SAME AS ABOVE.</i>				

## 5. Nature of Business

*RADIO BROADCASTING*

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

Name (Typed or Printed)

*Gordon L. Capps*  
*GORDON L. CAPPS*

Date

Title

*10-7-93**Secretary*