

No. C 69167	Annual Report Form 1996 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct SUNSHINE VOYAGER, INCORPORAT STANLEY JOHNSON 350 DELBERT DRIVE IDAHO FALLS ID 83402		STANLEY JOHNSON 350 DELBERT DRIVE IDAHO FALLS ID 83402 3. Organized Under the Laws of: ID C 69167																			
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="0"> <thead> <tr> <th>Office held</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>Pres</td> <td>Stanley D. Johnson</td> <td>350 DELBERT DR</td> <td>IDAHO FALLS, ID</td> <td></td> <td>83401</td> </tr> <tr> <td>Sec/Treas</td> <td>Peggy A. Johnson</td> <td>350 DELBERT DR</td> <td>IDAHO FALLS, ID</td> <td></td> <td>83401</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Pres	Stanley D. Johnson	350 DELBERT DR	IDAHO FALLS, ID		83401	Sec/Treas	Peggy A. Johnson	350 DELBERT DR	IDAHO FALLS, ID		83401
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5. NATURE OF BUSINESS ARTIST & ART SALES		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 <u>Stanley D. Johnson</u> Date <u>8-12-96</u> Name (Typed or Printed) <u>STANLEY D. JOHNSON</u> Title <u>PRES</u>																				

ISSUED: 07-06-1996

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