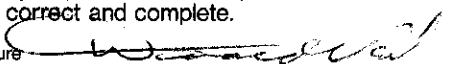


| No. 044738                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Idaho Corporation Annual Report Form</b><br>Due No Later Than November 1, 1987                   |                                                                                                                                                                                                                                                                                                                           | 2. Registered Agent and Office<br><br><b>KATHRYN L. SHIELDS</b><br><b>1625 G. STREET</b><br><b>LEWISTON, IDAHO</b><br><b>83501</b> |       |       |      |                        |      |       |     |            |             |             |           |    |       |            |               |                 |          |    |       |            |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-------|-------|------|------------------------|------|-------|-----|------------|-------------|-------------|-----------|----|-------|------------|---------------|-----------------|----------|----|-------|------------|--|--|--|--|--|
| Return To<br><br><b>Secretary of State</b><br><b>Room 203, Statehouse</b><br><b>Boise, ID 83720</b><br><br>RECEIVED<br>SEC. OF STATE                                                                                                                                                                                                                                                                                                                                                                           | 1. Mailing Address — Please Correct 044738                                                          |                                                                                                                                                                                                                                                                                                                           | 3. Incorporated Under The Laws<br>of<br><br><b>STATE OF IDAHO</b>                                                                  |       |       |      |                        |      |       |     |            |             |             |           |    |       |            |               |                 |          |    |       |            |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>VAIL'S OFFICE EQUIPMENT, INC.</b><br><b>PO BOX 658</b><br><b>LEWISTON, IDAHO</b><br><b>83501</b> |                                                                                                                                                                                                                                                                                                                           |                                                                                                                                    |       |       |      |                        |      |       |     |            |             |             |           |    |       |            |               |                 |          |    |       |            |  |  |  |  |  |
| 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>DONALD VAIL</td> <td>1240 5TH ST</td> <td>CLARKSTON</td> <td>WV</td> <td>26033</td> </tr> <tr> <td>Secretary:</td> <td>KATHY SHIELDS</td> <td>1509 1/2 LINDEN</td> <td>LEWISTON</td> <td>ID</td> <td>83501</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: | DONALD VAIL | 1240 5TH ST | CLARKSTON | WV | 26033 | Secretary: | KATHY SHIELDS | 1509 1/2 LINDEN | LEWISTON | ID | 83501 | Directors: |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name                                                                                                | Street or P.O. Address                                                                                                                                                                                                                                                                                                    | City                                                                                                                               | State | Zip   |      |                        |      |       |     |            |             |             |           |    |       |            |               |                 |          |    |       |            |  |  |  |  |  |
| President:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DONALD VAIL                                                                                         | 1240 5TH ST                                                                                                                                                                                                                                                                                                               | CLARKSTON                                                                                                                          | WV    | 26033 |      |                        |      |       |     |            |             |             |           |    |       |            |               |                 |          |    |       |            |  |  |  |  |  |
| Secretary:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | KATHY SHIELDS                                                                                       | 1509 1/2 LINDEN                                                                                                                                                                                                                                                                                                           | LEWISTON                                                                                                                           | ID    | 83501 |      |                        |      |       |     |            |             |             |           |    |       |            |               |                 |          |    |       |            |  |  |  |  |  |
| Directors:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                           |                                                                                                                                    |       |       |      |                        |      |       |     |            |             |             |           |    |       |            |               |                 |          |    |       |            |  |  |  |  |  |
| 5. Nature of Business<br><br><b>OFFICE EQUIP</b><br><b>Sales &amp; SERVICE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                     | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.<br><br>Signature <br>Name (Typed or Printed) <b>DONALD VAIL</b><br>Date <b>6-30-87</b><br>Title <b>Pres</b> |                                                                                                                                    |       |       |      |                        |      |       |     |            |             |             |           |    |       |            |               |                 |          |    |       |            |  |  |  |  |  |

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