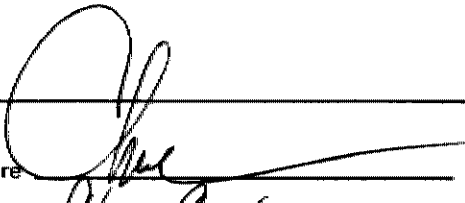
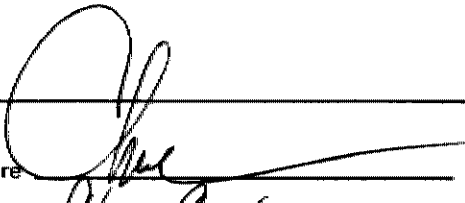
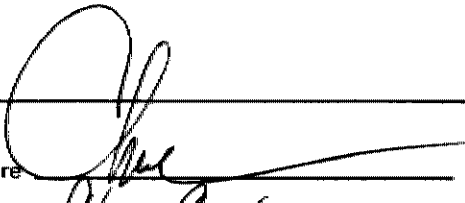


No. C102609	Annual Report Form <i>Due No Later Than November 30,</i> 1999		2. Registered Agent and Office NOT A P.O. BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct CUSHING & ASSOCIATES, INC. CLEVE CUSHING 682 WHITE PINE DR TWIN FALLS ID 83301		CLEVE CUSHING 682 WHITE PINE DR TWIN FALLS ID 83301 3. Organized Under the Laws of: ID C102609													
I. Corporations: Enter Names and Business 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><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Cleve Cushing</td> <td>682 White Pine Dr</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Cleve Cushing	682 White Pine Dr	Twin Falls	ID	83301
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
President	Cleve Cushing	682 White Pine Dr	Twin Falls	ID	83301											
5. Signature of New Registered Agent	6. <table border="0"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>9/22/99</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Cleve Cushing</td> <td>Title</td> <td>President</td> </tr> </table>				Signature		Date	9/22/99	Name (Typed or Printed)	Cleve Cushing	Title	President				
Signature		Date	9/22/99													
Name (Typed or Printed)	Cleve Cushing	Title	President													

ISSUED: 07-03-1999

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