

No. 39322 Return To Secretary of State Room 208, Statehouse Boise, ID 83720 NO FEE REQUIRED	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991 1. Mailing Address: <i>Please Correct If Not Correct</i> BENEFIT DISTRIBUTORS, INC. BETTY GLIDDEN P. O. BOX 305 ST. MARIES ID 83861	2. Registered Agent and Office NOT A P.O. BOX HERBERT L. GLIDDEN 432 SIXTH STREET ST. MARIES ID 83861 3. Incorporated Under The Laws of ID NO: 039322																								
4. Names and Addresses of Officers and Directors <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; width: 15%;"></th> <th style="text-align: left; width: 35%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 15%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>HERBERT L. GLIDDEN</td> <td>Box 305</td> <td>ST. MARIES</td> <td>ID.</td> <td>83861</td> </tr> <tr> <td>Secretary:</td> <td>BETTY M. GLIDDEN</td> <td>Box 305</td> <td>ST. MARIES</td> <td>ID.</td> <td>83861</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	HERBERT L. GLIDDEN	Box 305	ST. MARIES	ID.	83861	Secretary:	BETTY M. GLIDDEN	Box 305	ST. MARIES	ID.	83861	Directors:					
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5. Nature of Business WHOLE 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. <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;"> Signature <u>Betty M. Glidden</u> Name (Typed or Printed) <u>BETTY M. GLIDDEN</u> </td> <td style="width: 40%;"> Date <u>9-12-91</u> Title <u>SEC.</u> </td> </tr> </table>		Signature <u>Betty M. Glidden</u> Name (Typed or Printed) <u>BETTY M. GLIDDEN</u>	Date <u>9-12-91</u> Title <u>SEC.</u>																						
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