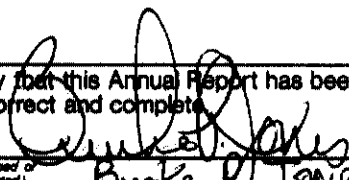

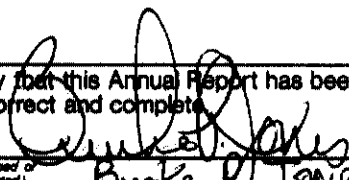

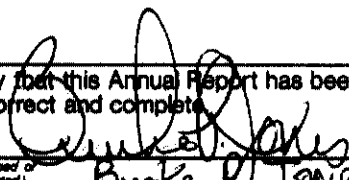



No. 86469	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991		2. Registered Agent and Office NOT A P.O. BOX																					
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	1 Mailing Address - Please Correct If Not Correct		BURKE P. JONES 1124 1ST STREET SOUTH 405 E. 37TH #2 NAMPA BOISE ID 83714 ID 83651																					
	INDUSTRIAL STORAGE SYSTEMS, BURKE P. JONES 1124 1ST STREET SOUTH P. O. BOX 2667 NAMPA BOISE ID ID 83651 83702-0000		3. Incorporated Under The Laws of ID NO: 086469																					
4. Names and Addresses of Officers and Directors <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: center;">Name</th> <th style="width: 30%; text-align: center;">Street or P.O. Address</th> <th style="width: 15%; text-align: center;">City</th> <th style="width: 10%; text-align: center;">State</th> <th style="width: 15%; text-align: center;">Zip</th> </tr> </thead> <tbody> <tr> <td>President: JONES, BURKE</td> <td>4840 LAKEMONT PL</td> <td>BOISE</td> <td>ID</td> <td>83703</td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President: JONES, BURKE	4840 LAKEMONT PL	BOISE	ID	83703	Secretary:					Directors:				
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President: JONES, BURKE	4840 LAKEMONT PL	BOISE	ID	83703																				
Secretary:																								
Directors:																								
5. Nature of Business RETAIL	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%;"> <tr> <td style="width: 60%;"> Signature  Name (Typed or Printed) Burke P. Jones </td> <td style="width: 40%;"> Date  10-18-91 Title President </td> </tr> </table>				Signature  Name (Typed or Printed) Burke P. Jones	Date  10-18-91 Title President																		
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