

INSTRUCTIONS ON REVERSE SIDE

No. 83723	Idaho Corporation Annual Report Form <i>Due No Later Than November 1, 1991</i> 1. Mailing Address. <i>Please Correct If Not Correct</i>		2. Registered Agent and Office NOT A P.O. BOX		
Return To Secretary of State Room 203, Statehouse Boise, ID 83720			T.W. STIVERS 163 FOURTH AVENUE NORTH		
** FINAL NOTICE ** NO FEE REQUIRED	CAPELLA CORP. T.W. STIVERS 163 FOURTH AVENUE NORTH		TWIN FALLS ID 83301		
	TWIN FALLS ID 83301 0000		3. Incorporated Under The Laws of ID NO: 083723		
4. Names and Addresses of Officers and Directors					
	Name	Street or P.O. Address	City	State	Zip
President:	T.W. STIVERS	163 4TH AVE. NORTH	TWIN FALLS	ID.	83301
Secretary:	KRIS GAUSS	2303 HEIGHTS	BOISE	ID	83702
Directors:	T.W. STIVERS WINIFRED STIVERS KRIS GAUSS	163 4TH AVE. NORTH 163 4TH AVE. NORTH 2303 HEIGHTS	TWIN FALLS TWIN FALLS BOISE	ID	83301 83301 83702
5. Nature of Business		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.			
EXPORT MARKETING		Signature Name <small>(Typed or Printed)</small>	Date 10/4/91 Title PRESIDENT		
		<i>T.W. Stivers</i>			