

|                                                                                                                                           |                                                                                                                                                                                                                                      |                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| No. 083309<br>RECEIVED<br>SEC. OF STATE<br>87 NOV 2 8 49 10<br>Return To<br>Secretary of State<br>Room 203, Statehouse<br>Boise, ID 83720 | <b>Idaho Corporation Annual Report Form</b><br>Due No Later Than November 1, 1987<br>1. Mailing Address — Please Correct 083309<br>P.C.M. INC.<br><del>MIKE SHINES</del> ROB WOLD<br>1109 CENTRAL MIDLAND BLVD<br>NAMPA, ID<br>83605 | 2. Registered Agent and Office<br>ROB WOLD<br><del>MIKE SHINES</del><br>1109 CENTRAL MIDLAND BLV<br>NAMPA, ID<br>83605<br>3. Incorporated Under The Laws of<br>ENTERED<br>NOV 3 1987<br>STATE OF IDAHO |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## 4. Names and Addresses of Officers and Directors

|            | Name       | Street or P.O. Address | City  | State | Zip   |
|------------|------------|------------------------|-------|-------|-------|
| President: | ROB WOLD   | 2916 DILL              | BOISE | ID    | 83705 |
| Secretary: | TIM WOLD   | 8630 PEMBROOK          | BOISE | ID    | 83704 |
| Directors: | DANNI WOLD | 8630 PEMBROOK          | BOISE | ID    | 83704 |
|            | DIANA WOLD | 2916 DILL              | BOISE | ID    | 83705 |

## 5. Nature of Business

HEALTH CLUB

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature

Name (Typed or Printed)

 Tim Wold  
 TIM WOLD

Date

10-19-87

Title

SECRETARY

1000000000 083309