| No. 56691   | Idaho Corporation Annual Report Form  Due No Later Than November 1,  1 Mailing Address — Please Correct, If Not Correct |                                      | 2. Registered Agent and Office NOT A P.O. BOX  CT CORPORATION SYSTEM  300 NORTH SIXTH STREET |               |            |   |
|---|---|--------------------------------------|--|---------------|------------|---|
| Return To Secretary of State Room 203, Statehouse Boise, ID 83720 |   |                                      |  |               |            |   |
|   |   |                                      |  |               |            |   |
|   | 3. Incorporated Under The Laws  |                                      |  |               |            |   |
|   | ** FINAL NOTICE **  | of MT                                |  |               |            |   |
| NO FEE REQUIRED   | BILLINGS  | MT 59104 0000                        | NO: 56691  |               |            |   |
| 4. Names and Addresses of Officer                                 | rs and Directors  |                                      |  |               | <u> </u>   |   |
|   | Name  | Street or P.O. Address               | City   | <u>State</u>  | <u>Zio</u> |   |
| President: George Fran  | Ih 7  | P.O. BOX 20878                       | Billings   | mt            | 59104      | 1 |
| Secretary: Judy Frank<br>Directors: George Frank<br>Judy Frank    | ь<br>Б  | 20. Box 20878                        | Billings<br>Billings   | mt            | 59104      | ļ |
|   |   |                                      | ,  | Ą             |            |   |
| •   |   |                                      | · ·  |               |            |   |
|   | * *   | _2                                   | 1 /  |               |            |   |
|   | 6.1 certify th  | nat this Annual Report has been exam | nined by me and is to th   | ne best of my | knowledge  |   |
| 5. Nature of Business Billiards, Rustaura. Capinos                |   | ect and complete.                    | Date Date  | !             | ,ar        |   |

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