

No. 057758	Idaho Corporation Annual Report Form	2. Registered Agent and Office																				
Return To  Secretary of State Room 203, Statehouse Boise, ID 83720	Due No Later Than November 1, 1988	MICHAEL EVANS 525 W. 20TH IDAHO FALLS, ID 83402																				
	1. Mailing Address — Please Correct 057758  YELLOWSTONE SPECIALTY CO. INC. ELDEN C. EVANS 525 WEST 20TH IDAHO FALLS, IDAHO 83402		3. Incorporated Under The Laws of  STATE OF IDAHO																			
4. Names and Addresses of Officers and Directors																						
RECEIVED SEC. OFFICE President: Secretary: Director: OCT 13 AM 9 21	<table border="1"> <thead> <tr> <th data-bbox="431 391 756 436">Name</th> <th data-bbox="756 391 1075 436">Street or P.O. Address</th> <th data-bbox="1075 391 1318 436">City</th> <th data-bbox="1318 391 1462 436">State</th> <th data-bbox="1462 391 1618 436">Zip</th> </tr> </thead> <tbody> <tr> <td data-bbox="431 436 756 489">Elden C EVANS</td> <td data-bbox="756 436 1075 489">525 W. 20th</td> <td data-bbox="1075 436 1318 489">Id. Fls., Id</td> <td data-bbox="1318 436 1462 489">83402</td> <td data-bbox="1462 436 1618 489"></td> </tr> <tr> <td data-bbox="431 489 756 542">GLAINE EVANS</td> <td data-bbox="756 489 1075 542">525 W. 20th</td> <td data-bbox="1075 489 1318 542">Id. Fls.</td> <td data-bbox="1318 489 1462 542">Id.</td> <td data-bbox="1462 489 1618 542">83402</td> </tr> <tr> <td data-bbox="431 542 756 595">Michael D. EVANS</td> <td data-bbox="756 542 1075 595">525 W. 20th</td> <td data-bbox="1075 542 1318 595">Id. Fls.</td> <td data-bbox="1318 542 1462 595">Id.</td> <td data-bbox="1462 542 1618 595">83402</td> </tr> </tbody> </table>	Name	Street or P.O. Address	City	State	Zip	Elden C EVANS	525 W. 20th	Id. Fls., Id	83402		GLAINE EVANS	525 W. 20th	Id. Fls.	Id.	83402	Michael D. EVANS	525 W. 20th	Id. Fls.	Id.	83402	ENTERED
	Name	Street or P.O. Address	City	State	Zip																	
	Elden C EVANS	525 W. 20th	Id. Fls., Id	83402																		
	GLAINE EVANS	525 W. 20th	Id. Fls.	Id.	83402																	
Michael D. EVANS	525 W. 20th	Id. Fls.	Id.	83402																		
5. Nature of Business COIN-OP EQUIPMENT	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 <i>Michael D. Evans</i> Date 7-11-88 Name (Typed or Printed) MICHAEL D. EVANS Title VICE PRES./DIRECTOR																					