

INSTRUCTIONS ON REVERSE SIDE

No. 085228	Idaho Corporation Annual Report Form		2. Registered Agent and Office																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 SEC. OF STATE 88 JUL 8 AM 10 27	Due No Later Than November 1, 1988		DAVID N. CAPPS XXXXXXXXXXXX 168 Pierce St TWIN FALLS, IDAHO 83303																									
	1. Mailing Address — Please Correct 085228 KSRV, INC. GORDON L. CAPPS P.O. BOX 129 ONTARIO, OREGON 97914	3. Incorporated Under The Laws of STATE OF OREGON																										
4. Names and Addresses of Officers and Directors																												
<table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>David N. Capps</td> <td>168 Pierce St.</td> <td>Twin Falls</td> <td>Idaho</td> <td>83301</td> </tr> <tr> <td>Secretary:</td> <td>Gordon L. Capps</td> <td>675 Park Blvd.</td> <td>Ontario</td> <td>Oregon</td> <td>97914</td> </tr> <tr> <td>Directors:</td> <td colspan="5">The above</td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	David N. Capps	168 Pierce St.	Twin Falls	Idaho	83301	Secretary:	Gordon L. Capps	675 Park Blvd.	Ontario	Oregon	97914	Directors:	The above				
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5. Nature of Business RaDIO Broadcasting	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 <u><i>Gordon L. Capps</i></u> Date <u>7-7-88</u> Name <small>(Typed or Printed)</small> _____ Title <u>Secretary</u>																											

JUL 11 1988