

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 data-bbox="29 405 322 447"></th> <th data-bbox="322 405 695 447"><u>Name</u></th> <th data-bbox="695 405 1058 447"><u>Street or P.O. Address</u></th> <th data-bbox="1058 405 1356 447"><u>City</u></th> <th data-bbox="1356 405 1504 447"><u>State</u></th> <th data-bbox="1504 405 1612 447"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="29 447 322 490">President:</td> <td data-bbox="322 447 695 490">David N. Capps</td> <td data-bbox="695 447 1058 490">168 Pierce St.</td> <td data-bbox="1058 447 1356 490">Twin Falls</td> <td data-bbox="1356 447 1504 490">Idaho</td> <td data-bbox="1504 447 1612 490">83301</td> </tr> <tr> <td data-bbox="29 490 322 533">Secretary:</td> <td data-bbox="322 490 695 533">Gordon L. Capps</td> <td data-bbox="695 490 1058 533">675 Park Blvd.</td> <td data-bbox="1058 490 1356 533">Ontario</td> <td data-bbox="1356 490 1504 533">Oregon</td> <td data-bbox="1504 490 1612 533">97914</td> </tr> <tr> <td data-bbox="29 533 322 575">Directors:</td> <td colspan="4" data-bbox="322 533 1504 575">The above</td> <td data-bbox="1504 533 1612 575"></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 (Typed or Printed) _____ Title <u>Secretary</u>																											

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