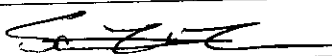


No. C 110160	Due no later than Apr 30, 2002 Annual Report Form	2. Registered Agent and Office NO PO BOX SCOTT MOORE 1128 14TH ST LEWISTON, ID 83501																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable INLAND MANAGEMENT & ASSESSMENT INCO SCOTT MOORE PO BOX 1039 LEWISTON, ID 83501	3. <u>New</u> Registered Agent Signature																								
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>PRESIDENT,</td> <td>SCOTT MOORE</td> <td>P.O. Box 1039</td> <td>LEWISTON</td> <td>ID</td> <td>83501</td> </tr> <tr> <td>SECRETARY,</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>AND DIRECTOR</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	PRESIDENT,	SCOTT MOORE	P.O. Box 1039	LEWISTON	ID	83501	SECRETARY,						AND DIRECTOR					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																					
PRESIDENT,	SCOTT MOORE	P.O. Box 1039	LEWISTON	ID	83501																					
SECRETARY,																										
AND DIRECTOR																										
5. Organized Under the Laws of: IDAHO C 110160	6. Signature <u></u> Date <u>2/21/02</u> Name <small>(Typed or Printed)</small> <u>SCOTT E. MOORE</u> Title <u>DIRECTOR OF OPS</u>																									