

No. 94043	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991	2. Registered Agent and Office NOT A P.O. BOX																								
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	1. Mailing Address: <i>Please Correct If Not Correct</i> BEST, INC. SHARON M. BROUILLETTE 1970 EAST 17TH STE. 116 IDAHO FALLS ID 83404	SHARON M. BROUILLETTE 1970 EAST 17TH STE. 116 IDAHO FALLS ID 83404 3. Incorporated Under The Laws of ID NO: 094043																								
4. Names and Addresses of Officers and Directors																										
<table border="1"> <thead> <tr> <th data-bbox="41 404 644 436"></th> <th data-bbox="644 404 1057 436">Name</th> <th data-bbox="1057 404 1288 436">Street or P.O. Address</th> <th data-bbox="1288 404 1437 436">City</th> <th data-bbox="1437 404 1536 436">State</th> <th data-bbox="1536 404 1620 436">Zip</th> </tr> </thead> <tbody> <tr> <td data-bbox="41 436 644 478">President:</td> <td data-bbox="644 436 1057 478">SHARON M. BROUILLETTE</td> <td data-bbox="1057 436 1288 478">1394 E. 21ST Street</td> <td data-bbox="1288 436 1437 478">Idaho Falls</td> <td data-bbox="1437 436 1536 478">Idaho</td> <td data-bbox="1536 436 1620 478">83404</td> </tr> <tr> <td data-bbox="41 478 644 521">Secretary:</td> <td data-bbox="644 478 1057 521">Everette A. Brauillette</td> <td data-bbox="1057 478 1288 521">1394 E. 21ST Street</td> <td data-bbox="1288 478 1437 521">Idaho Falls</td> <td data-bbox="1437 478 1536 521">Idaho</td> <td data-bbox="1536 478 1620 521">83404</td> </tr> <tr> <td data-bbox="41 521 644 829">Directors:</td> <td data-bbox="644 521 1057 829"></td> <td data-bbox="1057 521 1288 829"></td> <td data-bbox="1288 521 1437 829"></td> <td data-bbox="1437 521 1536 829"></td> <td data-bbox="1536 521 1620 829"></td> </tr> </tbody> </table>				Name	Street or P.O. Address	City	State	Zip	President:	SHARON M. BROUILLETTE	1394 E. 21ST Street	Idaho Falls	Idaho	83404	Secretary:	Everette A. Brauillette	1394 E. 21ST Street	Idaho Falls	Idaho	83404	Directors:					
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Directors:																										
5. Nature of Business	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.																									
Personnel Service	Signature <u>Sharon M. Brouillette</u> Name <small>(Typed or Printed)</small> <u>Sharon M. Brouillette</u>	Date <u>10/28/91</u> Title <u>President</u>																								