

No. 68157	Idaho Corporation Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX																								
Return To Secretary of State Room 203, Statehouse Boise, ID 83720	Due No Later Than November 1, 1991 1. Mailing Address: <i>Please Correct If Not Correct</i> MOORE SIGNS, INC. THOMAS W. MOORE 260 SECOND AVENUE WEST TWIN FALLS ID 83301	THOMAS W. MOORE 260 2ND AVE. W. TWIN FALLS ID 83301 3. Incorporated Under The Laws of ID NO: 068157																								
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Thomas W. Moore</td> <td>735 Eastland</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Secretary:</td> <td>Dorleen A. Moore</td> <td>" "</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td>Same</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Name	Street or P.O. Address	City	State	Zip	President:	Thomas W. Moore	735 Eastland	Twin Falls	ID	83301	Secretary:	Dorleen A. Moore	" "	"	"	"	Directors:	Same				
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Secretary:	Dorleen A. Moore	" "	"	"	"																					
Directors:	Same																									
5. Nature of Business Signs	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td>Signature</td> <td><i>Dorleen A. Moore</i></td> <td>Date</td> <td>7-9-91</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Dorleen A. Moore</td> <td>Title</td> <td>Secretary</td> </tr> </table>		Signature	<i>Dorleen A. Moore</i>	Date	7-9-91	Name (Typed or Printed)	Dorleen A. Moore	Title	Secretary																
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