

No. 066716	Idaho Corporation Annual Report Form		2. Registered Agent and Office																					
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 RECEIVED SEC. OF STATE 87 JUL 15 AM 10 56	Due No Later Than November 1, 1987		LOIS M. STRAUCHON 643 SOUTH MAIN CASCADE, IDAHO 83611 ENTERED JUL 17 1987																					
	1. Mailing Address — Please Correct 066716																							
	CASCADE TRANSFER, INC. LOIS M. STRAUCHON PO BOX 509 CASCADE, IDAHO 83611		3. Incorporated Under The Laws of STATE OF IDAHO																					
4. Names and Addresses of Officers and Directors																								
<table border="1"> <thead> <tr> <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></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p><i>They are no longer in business. This corp. has been dissolved. Lois Strauchon</i></p> <p><i>Letter re: dissolution / w/ certificate sent</i></p>					Name	Street or P.O. Address	City	State	Zip	President:					Secretary:					Directors:				
Name	Street or P.O. Address	City	State	Zip																				
President:																								
Secretary:																								
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. <table border="1"> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Title</td> </tr> </table>			Signature	Date	Name (Typed or Printed)	Title																
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