	MSTRU	CTIONS ON REVERSE SIDE	ISSUED: 0	6-30-199	0	
No. 91438 Idaho Corpora		tion Annual Report Form	2. Registered Agent and Office			
Return To		Due No Later Than November 1, 1990 1. Mailing Address — Please Correct SDM, INC. GORDON C. SMITH P.O. BOX 27		RONALD N. GRAVES 999 MAIN STREET SUITE 1300		
Secretary of State	1. Mailing Address — P					
Room 203, Statehouse Boise, ID 83720	SDM/ INC.			ID	83707	
				3. Incorporated Under The Laws of ID		
NO FEE REQUIRED	BOISE	ID 83707	NO: 091438			
4. Names and Addresses of O	fficers and Directors					
	<u>Name</u>	Street or P.O. Address	<u>City</u>	<u>State</u>	<u>Zip</u>	
	ordon C. Smith	P.O. Box 27	Boise	ID	83707	
	onald N. Graves	P.O. Box 27	Boise	ID	83707	
Directors. G	ordon C. Smith	P.O. Box 27	Boise	ID	83707	
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5. Nature of Business	6. I certify th	nat this Amnual Report has been ex	amined by me and is to the	ne best of my k	nowledge	
Export Sales		ect and complete.	<i>(</i>	July 12,	1990	
mipore bureo	Signature Name (Typed of Printed)	* Agnald N. Graves	Title	Secretary		

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