FEE \$\infty \text{\$ 10.00}	2. Registered Agent and Office		
FORFE STED 12/1/94 SUN VALLEY ID 83353  FEE 10.00  4. Name Street or P.O. Address  Street or P.O. Address  City State Zip			
Name Street or P.O. Address City State Zip			
George B. Fisher IV Post Office Box 598 Sun Valley ID 83353			
	# S		
5. Signature of the Current Registered Agent (if changed in block 2)  6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.			
Signature Date 1-10-95  Name (Tuped or Printed)	_		