

No. W 2374	Annual Report Form Due No Later Than November 30, 1995		2. Registered Agent and Office NOT A P.O. BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct SHOWCASE LTD. CO. DIANNA L SAUER PO BOX 169 SAGLE ID 83850		DIANNA L SAUER CORNER OF NORMAN & ALGOM SAGLE ID 83850 3. Organized Under the Laws of: ID W 2374													
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="1"> <thead> <tr> <th>Office held</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>Operating Manager</td> <td>DIANNA L SAUER</td> <td>P.O. Box 169</td> <td>Sagle</td> <td>ID</td> <td>83860</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Operating Manager	DIANNA L SAUER	P.O. Box 169	Sagle	ID	83860
Office held	Name	Street or P.O. Address	City	State	Zip											
Operating Manager	DIANNA L SAUER	P.O. Box 169	Sagle	ID	83860											
5. SIGNATURE OF CURRENT RA <i>Dianna L Sauer</i> ANY LAWFUL		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 <i>Dianna L Sauer</i> Date <i>9-15-96</i> Name (Typed or Printed) <i>DIANNA L. SAUER</i> Title <i>Operating Manager</i>														
ISSUED: 37-08-1995 2103																