

INSTRUCTIONS ON REVERSE SIDE

No. 94928	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX																									
Return To	Due No Later Than November 30, 1995		LESTER K WEST HIGHWAY 12																									
Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address -- Please Correct, if Not Correct																											
	E & L, INC. LESTER K WEST PO BOX 642 KAMIAH ID 83536		KAMIAH ID 83536 3. Incorporated Under The Laws of ID NO: 94928																									
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>Postal Code</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Lester K. West</td> <td>PO Box 642</td> <td>Kamiah</td> <td>Id</td> <td>83536</td> </tr> <tr> <td>Secretary:</td> <td>Erlene E. West</td> <td>PO Box 642</td> <td>Kamiah</td> <td>Id</td> <td>83536</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Postal Code	President:	Lester K. West	PO Box 642	Kamiah	Id	83536	Secretary:	Erlene E. West	PO Box 642	Kamiah	Id	83536	Directors:					
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Secretary:	Erlene E. West	PO Box 642	Kamiah	Id	83536																							
Directors:																												
5. Nature of Business Recreation		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 <u>Erlene E. West</u> Date <u>9-24-95</u> Name (Typed or Printed) <u>Erlene E. West</u> Title <u>Sec</u>																										