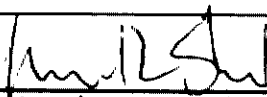
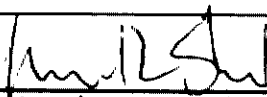
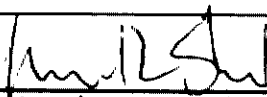


| No. <b>C110880</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Annual Report Form</b><br>Due No Later Than November 30, 1997                                                                                                                                                                                                                                                                                                                                                  | 2 Registered Agent and Office <b>NOT A P.O. BOX</b>                              |                   |                                                                                   |                        |         |                         |                     |           |                   |           |               |    |       |            |            |            |            |            |            |           |                |           |               |    |       |                |            |            |            |            |            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------|-----------------------------------------------------------------------------------|------------------------|---------|-------------------------|---------------------|-----------|-------------------|-----------|---------------|----|-------|------------|------------|------------|------------|------------|------------|-----------|----------------|-----------|---------------|----|-------|----------------|------------|------------|------------|------------|------------|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FEE REQUIRED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1 Mailing Address - Please Correct, If Not Correct<br><br><b>O.D.H. CORP.</b><br><b>MICHAEL L SHERIDAN</b><br><b>PO BOX 606</b>                                                                                                                                                                                                                                                                                   | <b>MICHAEL SHERIDAN</b><br><b>37 S MAIN STREET</b><br><br><b>VICTOR ID 83455</b> |                   |                                                                                   |                        |         |                         |                     |           |                   |           |               |    |       |            |            |            |            |            |            |           |                |           |               |    |       |                |            |            |            |            |            |
| * <b>FIRST NOTICE</b> *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>VICTOR ID 83455</b>                                                                                                                                                                                                                                                                                                                                                                                            | 3 Organized Under the Laws of<br><br><b>ID C110880</b>                           |                   |                                                                                   |                        |         |                         |                     |           |                   |           |               |    |       |            |            |            |            |            |            |           |                |           |               |    |       |                |            |            |            |            |            |
| 4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b><br>Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  |                   |                                                                                   |                        |         |                         |                     |           |                   |           |               |    |       |            |            |            |            |            |            |           |                |           |               |    |       |                |            |            |            |            |            |
| <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">President</td> <td style="vertical-align: top;">Mike Sheridan</td> <td style="vertical-align: top;">37 S Main</td> <td style="vertical-align: top;">PO Box Victor</td> <td style="vertical-align: top;">ID</td> <td style="vertical-align: top;">83455</td> </tr> <tr> <td style="vertical-align: top;">[REDACTED]</td> <td style="vertical-align: top;">[REDACTED]</td> <td style="vertical-align: top;">[REDACTED]</td> <td style="vertical-align: top;">[REDACTED]</td> <td style="vertical-align: top;">[REDACTED]</td> <td style="vertical-align: top;">[REDACTED]</td> </tr> <tr> <td style="vertical-align: top;">Secretary</td> <td style="vertical-align: top;">Elizabeth Baca</td> <td style="vertical-align: top;">37 S MAIN</td> <td style="vertical-align: top;">PO Box Victor</td> <td style="vertical-align: top;">ID</td> <td style="vertical-align: top;">83455</td> </tr> <tr> <td style="vertical-align: top;">Vice President</td> <td style="vertical-align: top;">[REDACTED]</td> <td style="vertical-align: top;">[REDACTED]</td> <td style="vertical-align: top;">[REDACTED]</td> <td style="vertical-align: top;">[REDACTED]</td> <td style="vertical-align: top;">[REDACTED]</td> </tr> </tbody> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  | Office held       | Name                                                                              | Street or P.O. Address | City    | State                   | Zip                 | President | Mike Sheridan     | 37 S Main | PO Box Victor | ID | 83455 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | Secretary | Elizabeth Baca | 37 S MAIN | PO Box Victor | ID | 83455 | Vice President | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| Office held                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Name                                                                                                                                                                                                                                                                                                                                                                                                              | Street or P.O. Address                                                           | City              | State                                                                             | Zip                    |         |                         |                     |           |                   |           |               |    |       |            |            |            |            |            |            |           |                |           |               |    |       |                |            |            |            |            |            |
| President                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Mike Sheridan                                                                                                                                                                                                                                                                                                                                                                                                     | 37 S Main                                                                        | PO Box Victor     | ID                                                                                | 83455                  |         |                         |                     |           |                   |           |               |    |       |            |            |            |            |            |            |           |                |           |               |    |       |                |            |            |            |            |            |
| [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                        | [REDACTED]                                                                       | [REDACTED]        | [REDACTED]                                                                        | [REDACTED]             |         |                         |                     |           |                   |           |               |    |       |            |            |            |            |            |            |           |                |           |               |    |       |                |            |            |            |            |            |
| Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Elizabeth Baca                                                                                                                                                                                                                                                                                                                                                                                                    | 37 S MAIN                                                                        | PO Box Victor     | ID                                                                                | 83455                  |         |                         |                     |           |                   |           |               |    |       |            |            |            |            |            |            |           |                |           |               |    |       |                |            |            |            |            |            |
| Vice President                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                        | [REDACTED]                                                                       | [REDACTED]        | [REDACTED]                                                                        | [REDACTED]             |         |                         |                     |           |                   |           |               |    |       |            |            |            |            |            |            |           |                |           |               |    |       |                |            |            |            |            |            |
| 5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6. <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Signature</td> <td style="width: 30%;"></td> <td style="width: 20%;">Date</td> <td style="width: 20%;">7-17-97</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Michael L. Sheridan</td> <td>Title</td> <td>President (owner)</td> </tr> </table> |                                                                                  | Signature         |  | Date                   | 7-17-97 | Name (Typed or Printed) | Michael L. Sheridan | Title     | President (owner) |           |               |    |       |            |            |            |            |            |            |           |                |           |               |    |       |                |            |            |            |            |            |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                  | Date                                                                             | 7-17-97           |                                                                                   |                        |         |                         |                     |           |                   |           |               |    |       |            |            |            |            |            |            |           |                |           |               |    |       |                |            |            |            |            |            |
| Name (Typed or Printed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Michael L. Sheridan                                                                                                                                                                                                                                                                                                                                                                                               | Title                                                                            | President (owner) |                                                                                   |                        |         |                         |                     |           |                   |           |               |    |       |            |            |            |            |            |            |           |                |           |               |    |       |                |            |            |            |            |            |

ISSUED 07-04-1997

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