

NO. C 61324	Annual Report Form Due No Later Than November 30, 1997		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 AMERIND INCORPORATED SONIA ELLEN SPRABEARY P.O. BOX 146 SHELLEY ID 83274		SONIA ELLEN SPRABEARY 845 COUNTRY CLUB RD. SHELLEY ID 83274 3. Organized Under the Laws of: ID C 61324													
4. Corporations: Enter Names and Business 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><i>President</i></td> <td><i>SONIA SPRABEARY</i></td> <td><i>P.O. Box 146</i></td> <td><i>SHELLEY,</i></td> <td><i>ID</i></td> <td><i>83274</i></td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	<i>President</i>	<i>SONIA SPRABEARY</i>	<i>P.O. Box 146</i>	<i>SHELLEY,</i>	<i>ID</i>	<i>83274</i>
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5.		6. <table border="1"> <tr> <td>Signature <i>Sonia Sprabeary</i></td> <td>Date <i>July 14, 1997</i></td> </tr> <tr> <td>Name (Typed or Printed) <i>SONIA SPRABEARY</i></td> <td>Title <i>President</i></td> </tr> </table>			Signature <i>Sonia Sprabeary</i>	Date <i>July 14, 1997</i>	Name (Typed or Printed) <i>SONIA SPRABEARY</i>	Title <i>President</i>								
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ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

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