

No. 75962  Return To  Secretary of State Room 203, Statehouse Boise, ID 83720  NO FEE REQUIRED	<b>Idaho Corporation Annual Report Form</b> <i>Due No Later Than November 1, 1990</i> 1. Mailing Address — Please Correct NORTHWEST SPA COVERS, INC. GARY D. BREMER 2390 AOSTROM CIRCLE  TWIN FALLS ID 83301	2. Registered Agent and Office GARY D. BREMER 2390 AOSTROM CIRCLE  TWIN FALLS ID 83301 239  3. Incorporated Under The Laws of ID NO: 075962																								
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>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>GARY D BREMER</td> <td>2365 BOWLIN LN</td> <td>TWIN FALLS</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td>GARY D BREMER</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Name	Street or P.O. Address	City	State	Zip	President:	GARY D BREMER	2365 BOWLIN LN	TWIN FALLS	ID	83301	Secretary:						Directors:	GARY D BREMER				
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Secretary:																										
Directors:	GARY D BREMER																									
5. Nature of Business  MANUFACTURE SPA COVERS	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td>Signature</td> <td><i>Gary D Bremer</i></td> <td>Date</td> <td>9/25/90</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>GARY D BREMER</td> <td>Title</td> <td>PRES</td> </tr> </table>		Signature	<i>Gary D Bremer</i>	Date	9/25/90	Name (Typed or Printed)	GARY D BREMER	Title	PRES																
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