

INSTRUCTIONS ON REVERSE SIDE

ISSUED: 07-05-1994

No. 92391	Idaho Corporation Annual Report Form Due No Later Than November 1, 1994		2. Registered Agent and Office NOT A P.O. BOX																									
Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address — Please Correct, If Not Correct HONKS INC. DARRELL COX 5344 OVERLAND RD BOISE ID 83705		DARRELL COX 3520 WINDSOR DRIVE BOISE ID 83705 3. Incorporated Under The Laws of ID NO: 92391																									
4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED <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>Darrell L. Cox</td> <td>3520 Windsor</td> <td>Boise</td> <td>ID</td> <td>83705</td> </tr> <tr> <td>Secretary:</td> <td>Sharolyn Cox</td> <td>3520 Windsor</td> <td>Boise</td> <td>ID</td> <td>83705</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	Zip	President:	Darrell L. Cox	3520 Windsor	Boise	ID	83705	Secretary:	Sharolyn Cox	3520 Windsor	Boise	ID	83705	Directors:					
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Directors:																												
5. Nature of Business Unit Price Retail	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>Sharolyn Cox</u> Date <u>8-10-94</u> Name (Typed or Printed) <u>Sharolyn Cox</u> Title <u>Sec</u>																											