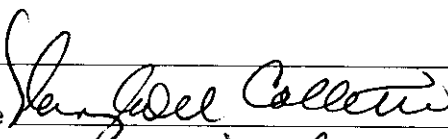
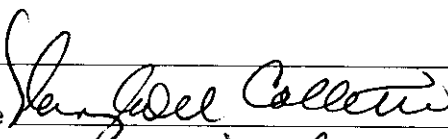
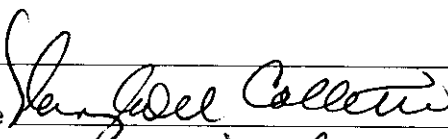


| <b>No. C 113103</b>  | <b>Due no later than Dec 31, 2000</b><br><b>Annual Report Form</b>  |                               | 2. Registered Agent and Office <b>NO PO BOX</b>  |  |               |  |                                  |              |            |                  |              |             |         |    |       |                 |                    |             |         |    |       |                      |  |  |  |  |  |                 |  |  |  |  |  |
|--|---|-------------------------------|--|--|---------------|--|----------------------------------|--------------|------------|------------------|--------------|-------------|---------|----|-------|-----------------|--------------------|-------------|---------|----|-------|----------------------|--|--|--|--|--|-----------------|--|--|--|--|--|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>   | 1. Mailing Address - Correct in this box, if applicable<br>CROESUS CORP.<br>NANCY DEL COLLETTI<br>PO BOX 1146<br><br>CHALLIS, ID 83226  |                               | NANCY DEL COLLETTI<br>7 MILE HIWAY 93 NORTH<br><br>CHALLIS, ID 83226<br><br>3. <u>New</u> Registered Agent Signature |  |               |  |                                  |              |            |                  |              |             |         |    |       |                 |                    |             |         |    |       |                      |  |  |  |  |  |                 |  |  |  |  |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td><del>Pres.</del></td> <td>Aly M Bruner</td> <td>PO Box 1146</td> <td>Challis</td> <td>ID</td> <td>83226</td> </tr> <tr> <td><del>Dir.</del></td> <td>Nancy Del Colletti</td> <td>PO Box 1146</td> <td>Challis</td> <td>ID</td> <td>83226</td> </tr> <tr> <td><del>Secretary</del></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><del>Dir.</del></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |   |                               |  | <u>Office held</u>   | <u>Name</u>   | <u>Street or P.O. Address</u>                | <u>City</u>                      | <u>State</u> | <u>Zip</u> | <del>Pres.</del> | Aly M Bruner | PO Box 1146 | Challis | ID | 83226 | <del>Dir.</del> | Nancy Del Colletti | PO Box 1146 | Challis | ID | 83226 | <del>Secretary</del> |  |  |  |  |  | <del>Dir.</del> |  |  |  |  |  |
| <u>Office held</u>   | <u>Name</u>   | <u>Street or P.O. Address</u> | <u>City</u>  | <u>State</u>   | <u>Zip</u>    |  |                                  |              |            |                  |              |             |         |    |       |                 |                    |             |         |    |       |                      |  |  |  |  |  |                 |  |  |  |  |  |
| <del>Pres.</del>   | Aly M Bruner  | PO Box 1146                   | Challis  | ID   | 83226         |  |                                  |              |            |                  |              |             |         |    |       |                 |                    |             |         |    |       |                      |  |  |  |  |  |                 |  |  |  |  |  |
| <del>Dir.</del>  | Nancy Del Colletti  | PO Box 1146                   | Challis  | ID   | 83226         |  |                                  |              |            |                  |              |             |         |    |       |                 |                    |             |         |    |       |                      |  |  |  |  |  |                 |  |  |  |  |  |
| <del>Secretary</del>   |   |                               |  |  |               |  |                                  |              |            |                  |              |             |         |    |       |                 |                    |             |         |    |       |                      |  |  |  |  |  |                 |  |  |  |  |  |
| <del>Dir.</del>  |   |                               |  |  |               |  |                                  |              |            |                  |              |             |         |    |       |                 |                    |             |         |    |       |                      |  |  |  |  |  |                 |  |  |  |  |  |
| 5. Organized Under the Laws of:<br><br>IDAHO<br>C 113103   | 6. <table border="1"> <tr> <td>Signature </td> <td>Date 10/13/00</td> </tr> <tr> <td>Name (Typed or Printed) NANCY A DEL COLLETTI</td> <td>Title: <del>XXXX</del> Secretary</td> </tr> </table> |                               |  | Signature  | Date 10/13/00 | Name (Typed or Printed) NANCY A DEL COLLETTI | Title: <del>XXXX</del> Secretary |              |            |                  |              |             |         |    |       |                 |                    |             |         |    |       |                      |  |  |  |  |  |                 |  |  |  |  |  |
| Signature    | Date 10/13/00   |                               |  |  |               |  |                                  |              |            |                  |              |             |         |    |       |                 |                    |             |         |    |       |                      |  |  |  |  |  |                 |  |  |  |  |  |
| Name (Typed or Printed) NANCY A DEL COLLETTI   | Title: <del>XXXX</del> Secretary  |                               |  |  |               |  |                                  |              |            |                  |              |             |         |    |       |                 |                    |             |         |    |       |                      |  |  |  |  |  |                 |  |  |  |  |  |

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