

INSTRUCTIONS ON REVERSE SIDE

No. 33637	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX																									
Return To	Due No Later Than November 30, 1995		DAVID GOSS 407 WEST JEFFERSON																									
Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address -- Please Correct If Not Correct																											
	INTER MOUNTAIN CLAIMS SERVICE, DAVID GOSS 407 W JEFFERSON BOISE ID 83702		BOISE ID 83702 3. Incorporated Under The Laws of WA NO: 33637																									
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>Postal Code</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>ROBERT L. KERSLAKE</td> <td>P.O. Box 25549</td> <td>SEATTLE</td> <td>WA</td> <td>98125</td> </tr> <tr> <td>Secretary:</td> <td>ROBERT L. KERSLAKE</td> <td>P.O. Box 25549</td> <td>SEATTLE</td> <td>WA</td> <td>98125</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	Postal Code	President:	ROBERT L. KERSLAKE	P.O. Box 25549	SEATTLE	WA	98125	Secretary:	ROBERT L. KERSLAKE	P.O. Box 25549	SEATTLE	WA	98125	Directors:					
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Directors:																												
5. Nature of Business CLAIMS INVESTIGATION		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>Robert Kerslake</u> Date <u>7/14/95</u> Name (Typed or Printed) <u>ROBERT KERSLAKE</u> Title <u>Pres.</u>																										