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| <b>No. 49071</b>                                                                                                                   | <b>Idaho Corporation Annual Report Form</b><br>Due No Later Than November 1, 1993                                     | 2. Registered Agent and Office <b>NOT A P.O. BOX</b><br><b>TED F. LEACH</b><br><b>206 JOHNSON AVENUE</b><br><br><b>OROFINO ID 83544</b> |
| Return To<br><b>Secretary of State</b><br><b>Room 203, Statehouse</b><br><b>Boise, ID 83720</b>                                    | 1. Mailing Address: <b>CENTRE', INC. (THE)</b><br><b>DONNA LEACH</b><br><b>BOX 272</b><br><br><b>OROFINO ID 83544</b> | 3. Incorporated Under The Laws<br>of <b>ID</b><br><b>NO: 49071</b>                                                                      |
| <b>* FIRST NOTICE *</b><br><b>NO FEE REQUIRED</b>                                                                                  |                                                                                                                       |                                                                                                                                         |
| <b>4. Names and Addresses of Officers and Directors</b>                                                                            |                                                                                                                       |                                                                                                                                         |
| <b>MUST BE PRINTED OR TYPED</b>                                                                                                    |                                                                                                                       |                                                                                                                                         |
|                                                                                                                                    | <u>Name</u>                                                                                                           | <u>Street or P.O. Address</u>                                                                                                           |
| President:                                                                                                                         | Donna R. Leach                                                                                                        | P.O. Box 272                                                                                                                            |
| Secretary:                                                                                                                         | Ted E. Leach                                                                                                          | P.O. Box 272                                                                                                                            |
| Directors:                                                                                                                         | Steve Leach                                                                                                           | 742 Long Circle                                                                                                                         |
|                                                                                                                                    | Stan Leach                                                                                                            | P.O. Box 272                                                                                                                            |
|                                                                                                                                    | Teri Oliver                                                                                                           | P.O. Box 399                                                                                                                            |
|                                                                                                                                    |                                                                                                                       | <u>City</u>                                                                                                                             |
|                                                                                                                                    |                                                                                                                       | Orofino                                                                                                                                 |
|                                                                                                                                    |                                                                                                                       | Orofino                                                                                                                                 |
|                                                                                                                                    |                                                                                                                       | Englewood                                                                                                                               |
|                                                                                                                                    |                                                                                                                       | Orofino                                                                                                                                 |
|                                                                                                                                    |                                                                                                                       | Ponderay                                                                                                                                |
|                                                                                                                                    |                                                                                                                       | <u>State</u>                                                                                                                            |
|                                                                                                                                    |                                                                                                                       | ID                                                                                                                                      |
|                                                                                                                                    |                                                                                                                       | ID                                                                                                                                      |
|                                                                                                                                    |                                                                                                                       | CO                                                                                                                                      |
|                                                                                                                                    |                                                                                                                       | ID                                                                                                                                      |
|                                                                                                                                    |                                                                                                                       | ID                                                                                                                                      |
|                                                                                                                                    |                                                                                                                       | <u>Zip</u>                                                                                                                              |
|                                                                                                                                    |                                                                                                                       | 83544                                                                                                                                   |
|                                                                                                                                    |                                                                                                                       | 83544                                                                                                                                   |
|                                                                                                                                    |                                                                                                                       | 80112                                                                                                                                   |
|                                                                                                                                    |                                                                                                                       | 83544                                                                                                                                   |
|                                                                                                                                    |                                                                                                                       | 83852                                                                                                                                   |
| <b>5. Nature of Business</b>                                                                                                       |                                                                                                                       |                                                                                                                                         |
| Wholesale - Retail Clothing                                                                                                        |                                                                                                                       |                                                                                                                                         |
| <b>6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.</b> |                                                                                                                       |                                                                                                                                         |
| Signature <u>Donna R. Leach</u>                                                                                                    |                                                                                                                       | Date <u>7/12/93</u>                                                                                                                     |
| Name (Typed or Printed)                                                                                                            |                                                                                                                       | Title <u>President</u>                                                                                                                  |