

No. 44718	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Due No Later Than November 1, 1991		FRANK S. PARSONS																									
	1. Mailing Address: Please Correct If Not Correct		P. O. BOX 147																									
	PARSONS MARINA, INC. FRANK PARSONS P. O. BOX 147 W 1005 ALBENI RD PRIEST RIVER ID 83856		PRIEST RIVER ID 83856 3. Incorporated Under The Laws of ID NO: 044718																									
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>FRANK PARSONS</td> <td>P.O. Box 147</td> <td>Priest River</td> <td>ID</td> <td>83856</td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td>W. 1005 Albeni RD.</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	FRANK PARSONS	P.O. Box 147	Priest River	ID	83856	Secretary:						Directors:		W. 1005 Albeni RD.			
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President:	FRANK PARSONS	P.O. Box 147	Priest River	ID	83856																							
Secretary:																												
Directors:		W. 1005 Albeni RD.																										
5. Nature of Business 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. <table border="1"> <tr> <td>Signature</td> <td rowspan="2">  </td> <td>Date</td> <td>7/15/91</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>TITLE</td> <td>PRESIDENT</td> </tr> </table>				Signature		Date	7/15/91	Name (Typed or Printed)	TITLE	PRESIDENT																	
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