

ISSUED: 07-04-1993

No. 90107	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 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 1,		D. JOSEPH MIRE																									
	1. Mailing Address: <i>Physical Address If Not Same</i> MIRE INC. D. JOSEPH MIRE NORTH 907 FIFTH AVENUE SANDPOINT ID 83864		NORTH 907 FIFTH AVENUE SANDPOINT ID 83864 3. Incorporated Under The Laws of ID NO: 90107																									
4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED																												
<table border="1"> <thead> <tr> <th></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>President: —</td> <td>D. Joseph Mire</td> <td>4375 Spade Rd.</td> <td>Sagle</td> <td>Id.</td> <td>83860</td> </tr> <tr> <td>Secretary: —</td> <td>Leigh S. Mire</td> <td>" " "</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President: —	D. Joseph Mire	4375 Spade Rd.	Sagle	Id.	83860	Secretary: —	Leigh S. Mire	" " "	"	"	"	Directors:					
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Secretary: —	Leigh S. Mire	" " "	"	"	"																							
Directors:																												
5. Nature of Business Restaurant	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 <i>D. Joseph Mire</i></td> <td>Date Aug. 13, 1993</td> </tr> <tr> <td>Name (Typed or Printed) D. Joseph Mire</td> <td>Title President</td> </tr> </table>				Signature <i>D. Joseph Mire</i>	Date Aug. 13, 1993	Name (Typed or Printed) D. Joseph Mire	Title President																				
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