

No. C 93017	Annual Report Form <i>Due No Later Than November 30,</i> 1995		2. Registered Agent and Office NOT A P.O. BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct TRIGGER, INC. MAX TWIGGS 599 FRONTAGE RD BLACKFOOT ID 83221		MAX TWIGGS 599 FRONTAGE RD BLACKFOOT ID 83221 3. Organized Under the Laws of: ID C 93017																		
	4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"><u>Office held</u></th> <th style="width: 25%;"><u>Name</u></th> <th style="width: 30%;"><u>Street or P.O. Address</u></th> <th style="width: 15%;"><u>City</u></th> <th style="width: 10%;"><u>State</u></th> <th style="width: 15%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Teresa Twiggs</td> <td>525 Pearl</td> <td>Blackfoot</td> <td>Id.</td> <td>83221</td> </tr> <tr> <td>Sec.</td> <td>Max J. Twiggs</td> <td>699 Frontage Rd.</td> <td>Blackfoot</td> <td>Id.</td> <td>83221</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>	President	Teresa Twiggs	525 Pearl	Blackfoot	Id.	83221	Sec.	Max J. Twiggs	699 Frontage Rd.	Blackfoot	Id.
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Sec.	Max J. Twiggs	699 Frontage Rd.	Blackfoot	Id.	83221																
5. NATURE OF BUSINESS RETAIL SALES	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><i>[Signature]</i></u> Date <u>July 77</u> Name (Typed or Printed) <u>MAX TWIGGS</u> Title <u>Sec.</u>																				

ISSUED: 07-06-1996

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