INSTRUCTIONS ON REVERSE SIDE

Due No Later Than November 1, 1988 Secretary of State Room/203, State) ouse Bodge, D. 83720 88 JUL 14 PM 9 46 Names and Addresses of Officers and Directors Name Street or PO. Address Secretary: President: KENNETH GIFT ROBERT L. PLRAGALLO KENNETH GIFT BUNNERS FERRY 1DAHO 83805 STATE OF 10AHO STATE OF 10AHO STATE OF TOAHO STATE OF TOAH	No. 062112	Idaho Corporation Annual Report Form		2. Registered Agent and Office		
Secretary of State Room/RD3-Statehouse Bobs 10.83720 88 JUL 14 PM 9 46 88 JUL 14 PM 9 46 4. Names and Addresses of Officers and Directors Name Street or PO. Address Street or PO. Address Secretary: President: KENNETH GIFT ROUTE I BOX 239 BONNERS FERRY IDAHO Secretary: FD DARTY HCR GO BOX (31) BONNERS FERRY IDAHO STATE OF IDAHO 5. Nature of Business 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.					KEDNETH GIFT ROBERT L. PERAGALLO	
Bobs 3 statehouse Bobs 10 83720 88 JUL 14 PM 9 46 BONNERS FERRY 10AHO 4. Names and Addresses of Officers and Directors Name Street or PO. Address Screetary: President: KENNETH GIFT ROUTE I BOX 239 BONNERS FERRY IDAHO 8360 State Zip President: KENNETH GIFT ROUTE I BOX 239 BONNERS FERRY IDAHO 8360 State Zip President: FOR DARTY HCR GO BOX (31) BONNERS FERRY 10AHO 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.		1. Mailing Address — Please Correct 062112		110 JACKSON STREET		
4. Names and Addresses of Officers and Directors Name Street or P.O. Address City State Zip President: KENNETH GIFT ROUTE I BOX Z39 BONNERS FERRY IDAHO 8368 Secretary: FD DARTY HCR GO BOX (31 BONNERS FERRY IDAHO 8388 Directors: 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.	Room/203, Statehouse Bolan JD 83720				83805 -3. Incorporated Under The Laws	
4. Names and Addresses of Officers and Directors Name Street or P.O. Address City State Zip President: KENNETH GIFT ROUTE I BOX 739 BONNERS FERRY IDAHO 8368 Secretary: ED DARTY HOR GO BOX (31 BONNERS FERRY IDAHO 8368 Directors: 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.	88 1111 111 000 0	PO BOX 1507		of '	JUL DU OCU	
Name Street or P.O. Address City State Zip President: KENNETH GIFT ROUTE I BOX 239 BONNERS FERRY IDAHO 836 Secretary: FD DARTY HOR GO BOX (31 BONNERS FERRY IDAHO 836 Directors: 5. Nature of Business 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.	00 00L 14 BM 9 4	6 BUNNERS FERRY 10	PAHO	STATE OF I	OAHG	
President: KENNETH GIFT ROUTE I BOX 239 BONNERS FERRY IDAHO 8368 Secretary: ED DARTY HCR GO BOX (3) BONNERS FERRY IDAHO 8389 Directors: 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.	4. Names and Addresses of Office	cers and Directors				
Secretary: ED DARTY HCR GO BOX (3) BONNERS FERRY IDAHO 838 Directors: 5. Nature of Business 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.		Name S	Street or P.O. Address	City	State Zip	
true, correct and complete.	Secretary:					
Signature Common State 17 100	5. Nature of Business	true, correct and c		•		
Name Anned KENNETH GIFT Title PRESIDENT		Name (Typed or KE)	UNETH GIFT	Title FY	RESIDENT	