

INSTRUCTIONS ON REVERSE SIDE

No. 52595	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991	2. Registered Agent and Office NOT A P.O. BOX VERNON E. SANDY 443 MOHAWK BONNERS FERRY ID 83805																			
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	1. Mailing Address: Please Correct If Not Correct NORTH IDAHO DEVELOPMENT COR VERNON E. SANDY BOX 916 BONNERS FERRY ID 83805	3. Incorporated Under The Laws of ID NO: 052595																			
	4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <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: VERNON E. SANDY</td> <td>P.O. Box 916</td> <td>Bonnors Ferry</td> <td>ID</td> <td>83805</td> </tr> <tr> <td>Secretary: CARMEL SANDY</td> <td>P.O. Box 916</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Name	Street or P.O. Address	City	State	Zip	President: VERNON E. SANDY	P.O. Box 916	Bonnors Ferry	ID	83805	Secretary: CARMEL SANDY	P.O. Box 916	"	"	"	Directors:			
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Secretary: CARMEL SANDY	P.O. Box 916	"	"	"																	
Directors:																					
5. Nature of Business CONSTRUCTION	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>Carmel Sandy</td> <td>Date</td> <td>10/3/91</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>CARMEL SANDY</td> <td>Title</td> <td>Sec.</td> </tr> </table>		Signature	Carmel Sandy	Date	10/3/91	Name (Typed or Printed)	CARMEL SANDY	Title	Sec.											
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