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No.	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, 1992	DONALD OLTMAN 864 FILER AVENUE TWIN FALLS ID 83301																								
	1. Mailing Address Please Correct If Not Correct OLTMAN, INC. DONALD H. OLTMAN 751 W. PICKETT CREEK ROAD GRANTS PASS OR 97527 0000																									
4. Names and Addresses of Officers and Directors <table border="0"> <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>Don OLTman</td> <td>751 W. Pickett Cr. Rd.</td> <td>Grants Pass,</td> <td>Or.</td> <td>97527</td> </tr> <tr> <td>Secretary:</td> <td>Jeanne OLTman</td> <td>751 W. Pickett Cr. Rd.</td> <td>Grants Pass,</td> <td>Or.</td> <td>97527</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Name	Street or P.O. Address	City	State	Zip	President:	Don OLTman	751 W. Pickett Cr. Rd.	Grants Pass,	Or.	97527	Secretary:	Jeanne OLTman	751 W. Pickett Cr. Rd.	Grants Pass,	Or.	97527	Directors:					
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5. Nature of Business Retired building contractor & subdivider	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="0"> <tr> <td>Signature</td> <td><i>Jeanne Oltman</i></td> <td>Date</td> <td>9/4/92</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Jeanne Oltman</td> <td>Title</td> <td>Sec.</td> </tr> </table>		Signature	<i>Jeanne Oltman</i>	Date	9/4/92	Name (Typed or Printed)	Jeanne Oltman	Title	Sec.																
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