

No. C100408	Annual Report Form 1996 Due No Later Than November 30,		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 MARIAN'S BOOKKEEPING & TAX S MARIAN SMITH PO BOX 739 LEWISTON ID 83501		MARIAN SMITH 502 20TH ST N LEWISTON ID 83501 3. Organized Under the Laws of: ID C100408																			
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="0"> <thead> <tr> <th>Office held</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>Pres</td> <td>MARIAN SMITH</td> <td>PO Box 739</td> <td>Lewiston</td> <td>ID</td> <td>83501</td> </tr> <tr> <td>Vice Pres</td> <td>ALVIN SMITH</td> <td>PO Box 739</td> <td>Lewiston</td> <td>ID</td> <td>83501</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Pres	MARIAN SMITH	PO Box 739	Lewiston	ID	83501	Vice Pres	ALVIN SMITH	PO Box 739	Lewiston	ID	83501
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Vice Pres	ALVIN SMITH	PO Box 739	Lewiston	ID	83501																	
5. NATURE OF BUSINESS BOOKKEEPING		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>Marian Smith</u> Date <u>7/31/96</u> Name (Typed or Printed) <u>MARIAN SMITH</u> Title <u>Pres</u>																				

ISSUED: 07-06-1996

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