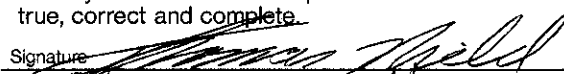


No. 78154 Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Idaho Corporation Annual Report Form <i>Due No Later Than November 1, 1990</i> 1. Mailing Address — Please Correct NIELD, INC. THOMAS S. NIELD P.O. BOX 578 POCATELLO ID 83204	2. Registered Agent and Office THOMAS S. NIELD 2755 POLELINE ROAD POCATELLO ID 83201 3. Incorporated Under The Laws of ID NO: 078154
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4. Names and Addresses of Officers and Directors					
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	THOMAS S. NIELD	244 ADAMS	CHUBBUCK	ID	83202
Secretary:	KAREN H. NIELD	244 ADAMS	CHUBBUCK	ID	83202
Directors:	THOMAS S. NIELD	244 ADAMS	CHUBBUCK	ID	83202

5. Nature of Business INSURANCE AGENT	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Signature  Name (Printed) THOMAS NIELD </div> <div style="width: 35%;"> Date 7/9/90 Title PRES. </div> </div>
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