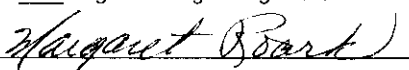
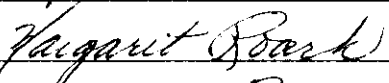


| <b>No. C 68031</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Due no later than Oct 31, 2000</b><br><b>Annual Report Form</b>                                                                                                                                  | <b>2. Registered Agent and Office NO PO BOX</b><br>LAURIE MOYER MARGARET<br>1400 WELLS BENCH RD ROARK<br>RT 2, Box 576<br>OROFINO, ID 83544<br>KAMIAH, ID 83536 |             |       |                        |      |       |     |           |                |               |          |    |       |      |                 |        |            |    |       |  |               |                                               |  |  |  |  |               |                                            |  |  |  |  |                |                                |  |  |  |  |            |                                                   |  |  |  |  |                 |                                                       |  |  |  |  |            |                                                       |  |  |  |  |                 |                                                                 |  |  |  |
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| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1. Mailing Address - Correct in this box, if applicable</b><br>NORTH CENTRAL IDAHO TRAVEL ASSOCIAT<br>NORTH CENTRAL IDAHO TRAVEL<br>141 MAIN ST P.O. Box 2018.<br><br>LEWISTON, ID 83501         | <b>3. New Registered Agent Signature</b><br>                                 |             |       |                        |      |       |     |           |                |               |          |    |       |      |                 |        |            |    |       |  |               |                                               |  |  |  |  |               |                                            |  |  |  |  |                |                                |  |  |  |  |            |                                                   |  |  |  |  |                 |                                                       |  |  |  |  |            |                                                       |  |  |  |  |                 |                                                                 |  |  |  |
| <b>4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 15%;">Office held</th> <th style="width: 25%;">Name</th> <th style="width: 30%;">Street or P.O. Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>VONNED GLACKIN</td> <td>P.O. Box 2018</td> <td>LEWISTON</td> <td>ID</td> <td>83501</td> </tr> <tr> <td>SEC.</td> <td>FRANCES CONKLIN</td> <td>HWY 95</td> <td>COTTONWOOD</td> <td>ID</td> <td>83522</td> </tr> <tr> <td></td> <td>SANDRA MEDLEY</td> <td>OROFINO CHAMBER PO Box 2346 OROFINO, ID 83544</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>CAROL TOTRATZ</td> <td>OUTBACK RESORT PO Box 383 PIERCE, ID 83546</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>MARGARET ROARK</td> <td>RT 2, Box 576 KAMIAH, ID 83536</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>VICKY LOWE</td> <td>SALMON RIVER REALTY PO Box 1430 RIGGINS, ID 83549</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ELDONNA COSSETT</td> <td>MOSCOW CHAMBER OF COMMERCE 411 S MAIN MOSCOW ID 83544</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>CHUCK BOYD</td> <td>SALMON RIVER EXPERIENCE 812 TRUMAN RD MOSCOW ID 83544</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>DELINDA PEPHIRE</td> <td>LEWISTON/NEZPERCE CTY REG AIRPORT 406 BURRELL LEWISTON ID 83501</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                                                                                                                                                                                     |                                                                                                                                                                 | Office held | Name  | Street or P.O. Address | City | State | Zip | PRESIDENT | VONNED GLACKIN | P.O. Box 2018 | LEWISTON | ID | 83501 | SEC. | FRANCES CONKLIN | HWY 95 | COTTONWOOD | ID | 83522 |  | SANDRA MEDLEY | OROFINO CHAMBER PO Box 2346 OROFINO, ID 83544 |  |  |  |  | CAROL TOTRATZ | OUTBACK RESORT PO Box 383 PIERCE, ID 83546 |  |  |  |  | MARGARET ROARK | RT 2, Box 576 KAMIAH, ID 83536 |  |  |  |  | VICKY LOWE | SALMON RIVER REALTY PO Box 1430 RIGGINS, ID 83549 |  |  |  |  | ELDONNA COSSETT | MOSCOW CHAMBER OF COMMERCE 411 S MAIN MOSCOW ID 83544 |  |  |  |  | CHUCK BOYD | SALMON RIVER EXPERIENCE 812 TRUMAN RD MOSCOW ID 83544 |  |  |  |  | DELINDA PEPHIRE | LEWISTON/NEZPERCE CTY REG AIRPORT 406 BURRELL LEWISTON ID 83501 |  |  |  |
| Office held                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Name                                                                                                                                                                                                | Street or P.O. Address                                                                                                                                          | City        | State | Zip                    |      |       |     |           |                |               |          |    |       |      |                 |        |            |    |       |  |               |                                               |  |  |  |  |               |                                            |  |  |  |  |                |                                |  |  |  |  |            |                                                   |  |  |  |  |                 |                                                       |  |  |  |  |            |                                                       |  |  |  |  |                 |                                                                 |  |  |  |
| PRESIDENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VONNED GLACKIN                                                                                                                                                                                      | P.O. Box 2018                                                                                                                                                   | LEWISTON    | ID    | 83501                  |      |       |     |           |                |               |          |    |       |      |                 |        |            |    |       |  |               |                                               |  |  |  |  |               |                                            |  |  |  |  |                |                                |  |  |  |  |            |                                                   |  |  |  |  |                 |                                                       |  |  |  |  |            |                                                       |  |  |  |  |                 |                                                                 |  |  |  |
| SEC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FRANCES CONKLIN                                                                                                                                                                                     | HWY 95                                                                                                                                                          | COTTONWOOD  | ID    | 83522                  |      |       |     |           |                |               |          |    |       |      |                 |        |            |    |       |  |               |                                               |  |  |  |  |               |                                            |  |  |  |  |                |                                |  |  |  |  |            |                                                   |  |  |  |  |                 |                                                       |  |  |  |  |            |                                                       |  |  |  |  |                 |                                                                 |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SANDRA MEDLEY                                                                                                                                                                                       | OROFINO CHAMBER PO Box 2346 OROFINO, ID 83544                                                                                                                   |             |       |                        |      |       |     |           |                |               |          |    |       |      |                 |        |            |    |       |  |               |                                               |  |  |  |  |               |                                            |  |  |  |  |                |                                |  |  |  |  |            |                                                   |  |  |  |  |                 |                                                       |  |  |  |  |            |                                                       |  |  |  |  |                 |                                                                 |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CAROL TOTRATZ                                                                                                                                                                                       | OUTBACK RESORT PO Box 383 PIERCE, ID 83546                                                                                                                      |             |       |                        |      |       |     |           |                |               |          |    |       |      |                 |        |            |    |       |  |               |                                               |  |  |  |  |               |                                            |  |  |  |  |                |                                |  |  |  |  |            |                                                   |  |  |  |  |                 |                                                       |  |  |  |  |            |                                                       |  |  |  |  |                 |                                                                 |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MARGARET ROARK                                                                                                                                                                                      | RT 2, Box 576 KAMIAH, ID 83536                                                                                                                                  |             |       |                        |      |       |     |           |                |               |          |    |       |      |                 |        |            |    |       |  |               |                                               |  |  |  |  |               |                                            |  |  |  |  |                |                                |  |  |  |  |            |                                                   |  |  |  |  |                 |                                                       |  |  |  |  |            |                                                       |  |  |  |  |                 |                                                                 |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | VICKY LOWE                                                                                                                                                                                          | SALMON RIVER REALTY PO Box 1430 RIGGINS, ID 83549                                                                                                               |             |       |                        |      |       |     |           |                |               |          |    |       |      |                 |        |            |    |       |  |               |                                               |  |  |  |  |               |                                            |  |  |  |  |                |                                |  |  |  |  |            |                                                   |  |  |  |  |                 |                                                       |  |  |  |  |            |                                                       |  |  |  |  |                 |                                                                 |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ELDONNA COSSETT                                                                                                                                                                                     | MOSCOW CHAMBER OF COMMERCE 411 S MAIN MOSCOW ID 83544                                                                                                           |             |       |                        |      |       |     |           |                |               |          |    |       |      |                 |        |            |    |       |  |               |                                               |  |  |  |  |               |                                            |  |  |  |  |                |                                |  |  |  |  |            |                                                   |  |  |  |  |                 |                                                       |  |  |  |  |            |                                                       |  |  |  |  |                 |                                                                 |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CHUCK BOYD                                                                                                                                                                                          | SALMON RIVER EXPERIENCE 812 TRUMAN RD MOSCOW ID 83544                                                                                                           |             |       |                        |      |       |     |           |                |               |          |    |       |      |                 |        |            |    |       |  |               |                                               |  |  |  |  |               |                                            |  |  |  |  |                |                                |  |  |  |  |            |                                                   |  |  |  |  |                 |                                                       |  |  |  |  |            |                                                       |  |  |  |  |                 |                                                                 |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DELINDA PEPHIRE                                                                                                                                                                                     | LEWISTON/NEZPERCE CTY REG AIRPORT 406 BURRELL LEWISTON ID 83501                                                                                                 |             |       |                        |      |       |     |           |                |               |          |    |       |      |                 |        |            |    |       |  |               |                                               |  |  |  |  |               |                                            |  |  |  |  |                |                                |  |  |  |  |            |                                                   |  |  |  |  |                 |                                                       |  |  |  |  |            |                                                       |  |  |  |  |                 |                                                                 |  |  |  |
| <b>5. Organized Under the Laws of:</b><br><br>IDAHO<br>C 68031                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>6.</b><br>Signature  Date 8/10/00<br>Name (Typed or Printed) MARGARET ROARK Title: GRANT<br>XXXX ADMINISTRATOR |                                                                                                                                                                 |             |       |                        |      |       |     |           |                |               |          |    |       |      |                 |        |            |    |       |  |               |                                               |  |  |  |  |               |                                            |  |  |  |  |                |                                |  |  |  |  |            |                                                   |  |  |  |  |                 |                                                       |  |  |  |  |            |                                                       |  |  |  |  |                 |                                                                 |  |  |  |