|                                                                            | INSTRUCTI                                         | ONS ON REVERSE SIDE                       |                                                                                          |                                       |
|----------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------|
| No. 769166                                                                 | Idaho Corporation Annual Report Form              |                                           | 2. Registered Agent and Office                                                           | ;e                                    |
| Return To Secretary of State Room 203, Statehouse Boise, ID 83720 RECEARES | Due No Later Than November 1, 1985                |                                           | JULIAN C. BENDIT 201 N. FIRST AVE. SANDPOINT, IDAHO 83864 3. Incorporated Under The Laws |                                       |
|                                                                            | 1. Mailing Address — Please Correct 069166        |                                           |                                                                                          |                                       |
|                                                                            | SYRINGA SECURITIES COMPANY, INC. JULIAN C. BENOIT |                                           |                                                                                          |                                       |
|                                                                            |                                                   |                                           |                                                                                          |                                       |
|                                                                            | SARUPULNI LUARU                                   |                                           | STATE OF IDAHO                                                                           |                                       |
| 4. National Addresses of Officers and Directors                            |                                                   |                                           |                                                                                          |                                       |
|                                                                            | <u>Name</u>                                       | Street or P.O. Address                    | <u>City</u> §                                                                            | State Zip                             |
| President: Secretary: Directors:                                           | pany in                                           | process of                                | t dissolu                                                                                | fion                                  |
|                                                                            | as                                                | of 9/30/8                                 | 88                                                                                       | <b>=</b> [                            |
|                                                                            |                                                   | Jum A Manon                               | maker fiety) 4.                                                                          | NOV 0 1 1988                          |
| Ditter y                                                                   | JAN VULL                                          |                                           |                                                                                          |                                       |
| 5. Nature of Business                                                      | 6. I certify that thi true, correct an            | s Annual Report has been examid complete. | ined by me and is to the best of                                                         | of my knowledge                       |
| out of huc                                                                 | Signature                                         |                                           | Date                                                                                     | · · · · · · · · · · · · · · · · · · · |
| ou 01 20051                                                                | Name (Typed or Printed)                           |                                           | Title                                                                                    |                                       |