

No. 92772	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	Due No Later Than November 1, 1991		ROBERT M. NIELSEN																									
	1. Mailing Address: <i>Please Correct If Not Correct</i>		ROUTE 2 BOX 489																									
NO FEE REQUIRED	PLOW DOME, INC.		RUPERT ID 83350																									
	ROBERT M. NIELSEN ROUTE 2 BOX 489		3. Incorporated Under The Laws of ID																									
	RUPERT ID 83350		NO: 092772																									
4. Names and Addresses of Officers and Directors																												
<table border="1"> <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>Robert M. Nielsen</td> <td>Rt #2 Box 489</td> <td>Rupert</td> <td>ID</td> <td>83350</td> </tr> <tr> <td>Secretary:</td> <td>SARA L. Nielsen</td> <td>" " "</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td>Robert M. Nielsen</td> <td>" " "</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	Robert M. Nielsen	Rt #2 Box 489	Rupert	ID	83350	Secretary:	SARA L. Nielsen	" " "	"	"	"	Directors:	Robert M. Nielsen	" " "	"	"	"
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Secretary:	SARA L. Nielsen	" " "	"	"	"																							
Directors:	Robert M. Nielsen	" " "	"	"	"																							
5. Nature of Business Health Club -		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="1"> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td><i>[Signature]</i></td> <td>10/28/91</td> </tr> <tr> <td>Name (Printed)</td> <td>Title</td> </tr> <tr> <td>Robert M. Nielsen</td> <td>President</td> </tr> </table>			Signature	Date	<i>[Signature]</i>	10/28/91	Name (Printed)	Title	Robert M. Nielsen	President																
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