

No. 84614	Idaho Corporation Annual Report Form		2. Registered Agent and Office																								
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Due No Later Than November 1, 1990		ROBERTA STRUVE																								
	1. Mailing Address — Please Correct		3415 POLE LINE ROAD																								
	GEOPATH, INC. EDWARD DAVID GARRY 1186 EAST RIDGEDALE CIRCL SALT LAKE CITY UT 84106		POCATELLO ID 83201 3. Incorporated Under The Laws of ID NO: 084614																								
4. Names and Addresses of Officers and Directors																											
<table border="1"> <thead> <tr> <th data-bbox="51 404 434 440"></th> <th data-bbox="434 404 683 440"><u>Name</u></th> <th data-bbox="683 404 1083 440"><u>Street or P.O. Address</u></th> <th data-bbox="1083 404 1321 440"><u>City</u></th> <th data-bbox="1321 404 1470 440"><u>State</u></th> <th data-bbox="1470 404 1630 440"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="51 440 434 489">President:</td> <td data-bbox="434 440 683 489">EDWARD DAVID GARRY</td> <td data-bbox="683 440 1083 489">1186 E. RIDGEDALE CIRCLE</td> <td data-bbox="1083 440 1321 489">SALT LAKE CITY</td> <td data-bbox="1321 440 1470 489">UTAH</td> <td data-bbox="1470 440 1630 489">84106</td> </tr> <tr> <td data-bbox="51 489 434 538">Secretary:</td> <td data-bbox="434 489 683 538">STACEY LYNN GARRY</td> <td data-bbox="683 489 1083 538">1186 E. RIDGEDALE CIRCLE</td> <td data-bbox="1083 489 1321 538">SALT LAKE CITY</td> <td data-bbox="1321 489 1470 538">UTAH</td> <td data-bbox="1470 489 1630 538">84106</td> </tr> <tr> <td data-bbox="51 538 434 846">Directors:</td> <td colspan="4" data-bbox="434 538 1630 846">AS ABOVE</td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	EDWARD DAVID GARRY	1186 E. RIDGEDALE CIRCLE	SALT LAKE CITY	UTAH	84106	Secretary:	STACEY LYNN GARRY	1186 E. RIDGEDALE CIRCLE	SALT LAKE CITY	UTAH	84106	Directors:	AS ABOVE			
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5. Nature of Business Consulting Pathologist Geologist	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>Edward D. Garry</u> Date <u>9/11/90</u> Name <small>(Typed or Printed)</small> <u>EDWARD D. GARRY</u> Title <u>President</u>																										