1. Mailing Address - Correct in this box, if applicable 2068 CRETARY OF STATE OWEST JEFFERSON JOHN PEDERSEN BOIS	LAWRENCE CRYSTAL WAY SE, ID 83706 We Registered Agent Signature Directors. State LIPAN SHAPE SH
1. Mailing Address - Correct in this box, if applicable 2068 2068 2068 2068 2068 2068 2068 2068	SE, ID 83706 Negistered Agent Signature
PEDERSEN INSURANCE, INC. JOHN PEDERSEN BOX 83720 ISE, ID 83720-0080 FILING FEE IF PEDERSEN INSURANCE, INC. JOHN PEDERSEN 16 N 700 E #17 AMERICAN FORK, ID 84003	<u>w</u> Registered Agent Signature
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AMERICAN FORK, ID 84003	Directors. State V.TAH 8400 3
Corporations: Enter Names and Business Addresses of President, Secretary and Office held Name Street or P.O. Address AM. FERENCE AM.	Directors. State LTAH 84003
Corporations: Enter Names and Business Addresses of Fleshort, School Productions, Street or P.O. Address Office held Name Street or P.O. Address AM. FERK AM. FERK	UTAH 8403
Organized Under the Laws of: IDAHO C 73035 6. Signature Out The Laws of: Name parted Organized Under the Laws of: Name parted Organized Under the Laws of: Name parted Organized Under the Laws of: Name parted Organized Under the Laws of: Signature Out Typesor John T. PEDELSEN	Date 4-9-01 STitle: PRESIDENT
C 73035 Name parted	4462
Issued 04/02/2001 Do Not Tape or Staple	4402