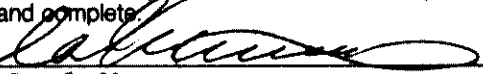
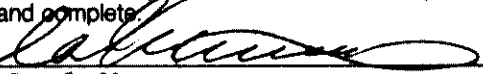
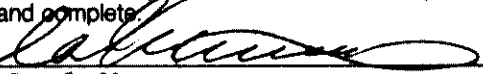


10-01-1992

No. 85792	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 ** FINAL NOTICE ** NO FEE REQUIRED	Due No Later Than November 1, 1992		CARL MANUS 140 LAURELL LANE, HULEN MEADOW KETCHUM ID 83340 0000																									
	1 Mailing Address — Please Correct, If Not Correct																											
	MANUS ENTERPRISES, INC. CARL MANUS P.O. BOX 1178 SUN VALLEY ID 83353 0000		3. Incorporated Under The Laws of ID NO: 85792																									
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Carl Manus</td> <td>Box 1178</td> <td>Sun Valley</td> <td>ID</td> <td>83353</td> </tr> <tr> <td>Secretary:</td> <td>Kathleen Manus</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Carl Manus	Box 1178	Sun Valley	ID	83353	Secretary:	Kathleen Manus	"	"	"	"	Directors:					
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Directors:																												
5. Nature of Business Professional Services		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>  Name (Printed) Carl Manus </td> <td>10-14-92</td> </tr> <tr> <td></td> <td>Title Pres.</td> </tr> </table>			Signature	Date	 Name (Printed) Carl Manus	10-14-92		Title Pres.																		
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