INSTRUCTIONS ON REVERSE SIDE

No. 64495	**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** NO FEE REQUIRED	*Due No Later Than November 1, 1991* 1. Mailing Address Please Correct If Not Correct TRAVIS LEASING CO. WM. L. NUNGESTER P. O. BOX 389 TWIN FALLS ID 83303	WM. L. NUNGESTER 133 SHOSHONE STREET N. TWIN FALLS ID 83301 3. Incorporated Under The Laws of ID NO: 064495

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Zip
President:	Wm L Nungester	309 Clear Lake Ln	Bahl	Id	83516
Secretary:	— Same.				
Directors:	— Same				

5. Nature of Business
Leasing act.

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 _Wm L Nungester_   Date 7-30-91
Name (Typed or Printed) Wm L Nungester   Title Pres