

No. 069530	Idaho Corporation Annual Report Form		2. Registered Agent and Office																															
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 SEC. OF STATE 88 NOV 1 AM 9 11	Due No Later Than November 1, 1988		SALLY MAGNUSSEN 9302 MAPLE HILL DRIVE BOISE, IDAHO 83709																															
	1. Mailing Address — Please Correct 069530 Magnusson's, Inc MAGNUSSEN, INC. RICK MAGNUSSEN 9302 MAPLE HILL DR BOISE, IDAHO 83709																																	
			3. Incorporated Under The Laws of STATE OF IDAHO																															
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>Fred Magnusson</td> <td>12725 East 23rd Ave.</td> <td>Spokane,</td> <td>WA</td> <td>99216</td> </tr> <tr> <td>Secretary:</td> <td>Eleanor Magnusson</td> <td>" " " "</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td>Vice-Pres: Rick Magnusson</td> <td>9302 Maple Hill Dr.</td> <td>Boise,</td> <td>ID</td> <td>83709</td> </tr> <tr> <td></td> <td>Secretary: Sally Ann Magnusson</td> <td>" " " "</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	Fred Magnusson	12725 East 23rd Ave.	Spokane,	WA	99216	Secretary:	Eleanor Magnusson	" " " "	"	"	"	Directors:	Vice-Pres: Rick Magnusson	9302 Maple Hill Dr.	Boise,	ID	83709		Secretary: Sally Ann Magnusson	" " " "	"	"	"
	Name	Street or P.O. Address	City	State	Zip																													
President:	Fred Magnusson	12725 East 23rd Ave.	Spokane,	WA	99216																													
Secretary:	Eleanor Magnusson	" " " "	"	"	"																													
Directors:	Vice-Pres: Rick Magnusson	9302 Maple Hill Dr.	Boise,	ID	83709																													
	Secretary: Sally Ann Magnusson	" " " "	"	"	"																													
5. Nature of Business Commercial Laundry Equipment - Sales + Service		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>Sally Ann Magnusson</u> Name (Typed or Printed) <u>Sally Ann Magnusson</u> Date <u>10-31-88</u> Title <u>Secretary</u>																																

 ENTERED
 NOV 4 1988