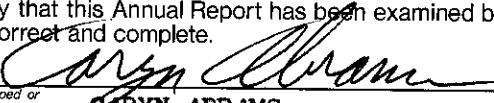


No. <b>43505</b>  Return To  <b>Secretary of State Room 203, Statehouse Boise, ID 83720</b>  <b>Reinstatement \$86.00 Forfeited 11-30-1981 admitted after 12-1-89 fee will be \$96.00</b>	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, <b>1989</b> 1. Mailing Address — Please Correct <b>43505</b>  <b>ABRAMS HARDWARE, INC.</b> <b>BOX 157 7th &amp; Main</b>  <b>KENDRICK ID 83537</b>  RECEIVED SEC. OF STATE <b>89 NOV 29 AM 9 59</b>	2. Registered Agent and Office <del>Please complete</del> <b>Richard F. Adams ABRAMS</b> <b>7th &amp; Main</b> <b>Kendrick, Idaho 83537</b>  3. Incorporated Under The Laws of <b>Idaho</b>																								
4. Names and Addresses of Officers and Directors																										
	<table border="1"> <thead> <tr> <th data-bbox="447 397 773 444">Name</th> <th data-bbox="773 397 1091 444">Street or P.O. Address</th> <th data-bbox="1091 397 1191 444">City</th> <th data-bbox="1191 397 1290 444">State</th> <th data-bbox="1290 397 1638 444">Zip</th> </tr> </thead> <tbody> <tr> <td data-bbox="67 466 442 487">President:</td> <td data-bbox="447 466 773 487">FRANK ABRAMS</td> <td data-bbox="773 466 1091 487">Box 157</td> <td data-bbox="1191 466 1290 487">Kendrick</td> <td data-bbox="1290 466 1638 487">Id 83537</td> </tr> <tr> <td data-bbox="67 490 442 511">Secretary:</td> <td data-bbox="447 490 773 511">CARYN ABRAMS</td> <td data-bbox="773 490 1091 511">2059 Konokoville Add.</td> <td data-bbox="1191 490 1290 511">OROFINO</td> <td data-bbox="1290 490 1638 511">ID 83544</td> </tr> <tr> <td data-bbox="67 514 442 536" rowspan="2">Directors:</td> <td data-bbox="447 514 773 536">Richard F. Abrams</td> <td data-bbox="773 514 1091 536">Box 52</td> <td data-bbox="1191 514 1290 536">KENDRICK</td> <td data-bbox="1290 514 1638 536">ID 83537</td> </tr> <tr> <td data-bbox="447 539 773 560">NORMA LX ABRAMS</td> <td data-bbox="773 539 1091 560">BOX 52</td> <td data-bbox="1191 539 1290 560">KENDRICK</td> <td data-bbox="1290 539 1638 560">ID 83537</td> </tr> </tbody> </table>	Name	Street or P.O. Address	City	State	Zip	President:	FRANK ABRAMS	Box 157	Kendrick	Id 83537	Secretary:	CARYN ABRAMS	2059 Konokoville Add.	OROFINO	ID 83544	Directors:	Richard F. Abrams	Box 52	KENDRICK	ID 83537	NORMA LX ABRAMS	BOX 52	KENDRICK	ID 83537	
Name	Street or P.O. Address	City	State	Zip																						
President:	FRANK ABRAMS	Box 157	Kendrick	Id 83537																						
Secretary:	CARYN ABRAMS	2059 Konokoville Add.	OROFINO	ID 83544																						
Directors:	Richard F. Abrams	Box 52	KENDRICK	ID 83537																						
	NORMA LX ABRAMS	BOX 52	KENDRICK	ID 83537																						
5. Nature of Business <b>RETAIL SALES/ LAWFULL ACTIVITY</b>	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  Name (Typed or Printed) <b>CARYN ABRAMS</b>  Date <b>11-24-89</b> Title <b>SEC.</b>																									