

No. 061324	Idaho Corporation Annual Report Form		2. Registered Agent and Office																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 38 OCT 12 AM 9 15	Due No Later Than November 1, 1988		SONIA ELLEN SPRABEARY 845 COUNTRY CLUB RD. SHELLEY, IDAHO 83274																									
	1. Mailing Address — Please Correct 061324																											
	AMERIND INCORPORATED SONIA ELLEN SPRABEARY P.O. BOX 146 SHELLEY, IDAHO 83274		3. Incorporated Under The Laws of ENTERED STATE OF IDAHO OCT 14 1988																									
4. Names and Addresses of Officers and Directors																												
<table border="0"> <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>Sonia Sprabeary</td> <td></td> <td>Shelley</td> <td>Id</td> <td>83274</td> </tr> <tr> <td>Secretary:</td> <td></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:	Sonia Sprabeary		Shelley	Id	83274	Secretary:						Directors:					
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																							
President:	Sonia Sprabeary		Shelley	Id	83274																							
Secretary:																												
Directors:																												
5. Nature of Business Wholesale Sales		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="0"> <tr> <td>Signature</td> <td><i>Sonia Sprabeary</i></td> <td>Date</td> <td>Sept 28, 1988</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Sonia Sprabeary</td> <td>Title</td> <td>Pres</td> </tr> </table>			Signature	<i>Sonia Sprabeary</i>	Date	Sept 28, 1988	Name (Typed or Printed)	Sonia Sprabeary	Title	Pres																
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