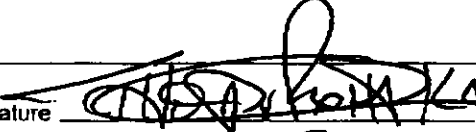


No. C 104094	Due no later than Nov 30, 2000 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable THOMAS F. PROHASKA, ESQUIRE, CHARTE THOMAS F PROHASKA, ESQUIRE, P.C. PO BOX 2226 COEUR D'ALENE, ID 83814		THOMAS F PROHASKA, ESQUIRE, 1621 NORTH THIRD STREET COEUR D'ALENE, ID 83814																		
NO FILING FEE IF RECEIVED BY DUE DATE			3. New Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</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 AND DIRECTOR</td> <td>THOMAS PROHASKA</td> <td>3818 PLAYER DR</td> <td>COEUR D'ALENE</td> <td>ID</td> <td>83815</td> </tr> <tr> <td>SECRETARY</td> <td>DANIEL PROHASKA</td> <td>608 NORTHWEST BLVD, SUITE 300</td> <td>COEUR D'ALENE</td> <td>ID</td> <td>83814</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT AND DIRECTOR	THOMAS PROHASKA	3818 PLAYER DR	COEUR D'ALENE	ID	83815	SECRETARY	DANIEL PROHASKA	608 NORTHWEST BLVD, SUITE 300	COEUR D'ALENE	ID	83814
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5. Organized Under the Laws of: IDAHO C 104094	6.  Signature _____ Date <u>10/25/00</u> Name (Typed or Printed) <u>THOMAS PROHASKA</u> Title: <u>PRES. / DIRECTOR</u> XXXX																				

Issued 09/04/2000

Do Not Tape or Staple

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