

INSTRUCTIONS ON REVERSE SIDE

| No. 92639 | 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 | | THOMAS EARL BOYER | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1. Mailing Address - Please Correct If Not Correct | | 598 EAST 44TH SPACE 3 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | TREASURE VALLEY COFFEE, INC THOMAS EARL BOYER 598 EAST 44TH SPACE 3 BOISE ID 83714 | | BOISE ID 83714 3. Incorporated Under The Laws of ID NO: 092639 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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>Thomas Earl Boyer</td> <td>P.O. 8905</td> <td>Boise</td> <td>Id</td> <td>83707</td> </tr> <tr> <td>Secretary:</td> <td>Carol Rae Boyer</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> | | | | | | Name | Street or P.O. Address | City | State | Zip | President: | Thomas Earl Boyer | P.O. 8905 | Boise | Id | 83707 | Secretary: | Carol Rae Boyer | " | " | " | " | Directors: | | | | | |
| | Name | Street or P.O. Address | City | State | Zip | | | | | | | | | | | | | | | | | | | | | | | |
| President: | Thomas Earl Boyer | P.O. 8905 | Boise | Id | 83707 | | | | | | | | | | | | | | | | | | | | | | | |
| Secretary: | Carol Rae Boyer | " | " | " | " | | | | | | | | | | | | | | | | | | | | | | | |
| Directors: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Nature of Business <i>Coffee Distributor</i> | | 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>Carol Rae Boyer</u> Date <u>July 30, 1991</u> Name (Typed or Printed) Title <u>Secretary</u> | | | | | | | | | | | | | | | | | | | | | | | | | | |