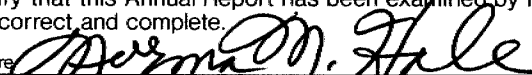
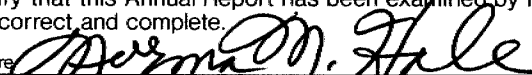
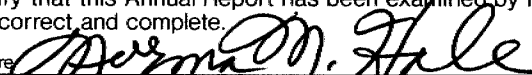


ISSUED: 07-05-1994

No. 90444	Idaho Corporation Annual Report Form Due No Later Than November 1, 1994		2. Registered Agent and Office NORMA HALE 319 SKIWAY DRIVE P.O. BOX 4390 KETCHUM ID 83340																					
Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address — T'S & TEMPTATIONS, INC. NORMA HALE 319 SKIWAY DRIVE DELETE P.O. BOX 4390 KETCHUM ID 83340		3. Incorporated Under The Laws of ID NO: 90444																					
4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED																								
<table border="1"> <thead> <tr> <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: NORMA M HALE</td> <td>PO BOX 4390</td> <td>KETCHUM</td> <td>ID</td> <td>83340</td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President: NORMA M HALE	PO BOX 4390	KETCHUM	ID	83340	Secretary:					Directors:				
Name	Street or P.O. Address	City	State	Zip																				
President: NORMA M HALE	PO BOX 4390	KETCHUM	ID	83340																				
Secretary:																								
Directors:																								
5. Nature of Business RETAIL: T-SHIRTS		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="1"> <tr> <td>Signature </td> <td>Date 10/17/94</td> </tr> <tr> <td>Name (Typed or Printed) NORMA M HALE</td> <td>Title PRESIDENT</td> </tr> </table>			Signature 	Date 10/17/94	Name (Typed or Printed) NORMA M HALE	Title PRESIDENT																
Signature 	Date 10/17/94																							
Name (Typed or Printed) NORMA M HALE	Title PRESIDENT																							