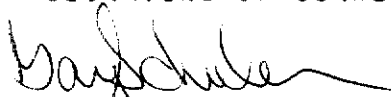


No. <u>W 425</u>	Annual Report Form <u>1995</u> Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct SCHULER AND SCHULER, L.L.C. 509 2ND ST SHERRIE SCHULER VAMPA ID 83651		509 2ND ST SHERRIE SCHULER VAMPA ID 83651 3. Organized Under the Laws of: ID W 426																			
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input checked="" type="checkbox"/> Members (check one) <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</td> <td>GARY Schuler</td> <td>9067 OAKMONT CT</td> <td>BOISE</td> <td>ID</td> <td>83704</td> </tr> <tr> <td>CFO</td> <td>Sherrie Schuler</td> <td>9067 OAKMONT CT</td> <td>BOISE</td> <td>ID</td> <td>83704</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	GARY Schuler	9067 OAKMONT CT	BOISE	ID	83704	CFO	Sherrie Schuler	9067 OAKMONT CT	BOISE	ID	83704
Office held	Name	Street or P.O. Address	City	State	Zip																	
PRESIDENT	GARY Schuler	9067 OAKMONT CT	BOISE	ID	83704																	
CFO	Sherrie Schuler	9067 OAKMONT CT	BOISE	ID	83704																	
5. SIGNATURE OF CURRENT RA 		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>Gary Schuler</u> Date <u>10-30-96</u> Name (Typed or Printed) <u>Gary Schuler</u> Title <u>President</u>																				
ISSUED: 37-33-1996		1217																				