

No. C111581	<b>Annual Report Form</b> Due No Later Than November 30, 1996		2. Registered Agent and Office <b>NOT A P.O. BOX</b>													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct  EXECUTIVE TRAINING RESOURCES PHYLLIS W ARRINGTON 1230 N SKYLINE DR  IDAHO FALLS ID 83402		PHYLLIS W ARRINGTON 1230 N SKYLINE DR  IDAHO FALLS ID 83402  3. Organized Under the Laws of:  ID C111581													
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)  <table border="0"> <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>Phyllis Arrington</td> <td>1230 N. Skyline Dr.</td> <td>Idaho Falls,</td> <td>ID</td> <td>83402</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	Phyllis Arrington	1230 N. Skyline Dr.	Idaho Falls,	ID	83402
Office held	Name	Street or P.O. Address	City	State	Zip											
President	Phyllis Arrington	1230 N. Skyline Dr.	Idaho Falls,	ID	83402											
5. NATURE OF BUSINESS COMPUTER MANAGEMENT TRAINING		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>Phyllis Arrington</u> Date <u>7-25-96</u> Name (Typed or Printed) <u>Phyllis Arrington</u> Title <u>President</u>														

ISSUED: 07-06-1996

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