

## INSTRUCTIONS ON REVERSE SIDE

No. 85084	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1991		2. Registered Agent and Office NOT A P.O. BOX  LYLE L. SALL 2339 SOUTH ORCHARD, STE. 100  BOISE ID 83705																									
Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  NO FEE REQUIRED	1. Mailing Address Please Correct If Not Correct		3. Incorporated Under The Laws of ID  NO: 005084																									
	RESIDENTIAL PROPERTY MANAGE LYLE L. SALL 2339 SOUTH ORCHARD, STE.  BOISE ID 83705																											
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>LYLE L. SALL</td> <td>2339 S. ORCHARD #100</td> <td>BOISE</td> <td>IDaho</td> <td>83705</td> </tr> <tr> <td>Secretary:</td> <td>BEVERLY WATSON</td> <td>SAME</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:	LYLE L. SALL	2339 S. ORCHARD #100	BOISE	IDaho	83705	Secretary:	BEVERLY WATSON	SAME				Directors:					
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Directors:																												
5. Nature of Business  PROP. MGMT.		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><i>Lyle L. Sall</i></td> <td>Date</td> <td>8/15/91</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>LYLE L. SALL</td> <td>Title</td> <td>PRESIDENT</td> </tr> </table>			Signature	<i>Lyle L. Sall</i>	Date	8/15/91	Name (Typed or Printed)	LYLE L. SALL	Title	PRESIDENT																
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