

No. <u>65569</u>	Idaho Corporation Annual Report Form <i>Due No Later Than November 1, 1991</i>	2. Registered Agent and Office NOT A P.O. BOX																								
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	1. Mailing Address Please Correct If Not Correct KEVIN F. TRAINOR, P.A. KEVIN F. TRAINOR P. O. BOX 261 83 TWIN FALLS ID 83301	KEVIN F. TRAINOR 184 SECOND STREET WEST TWIN FALLS ID 83301 3. Incorporated Under The Laws of ID NO: 065569																								
4. Names and Addresses of Officers and Directors																										
<table border="0"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>KEVIN F. TRAINOR</td> <td>5677N 2600 E</td> <td>TWIN FALLS</td> <td>Id.</td> <td>83307</td> </tr> <tr> <td>Secretary:</td> <td>Kevin F. TRAINOR</td> <td>(same)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td>Kevin F. TRAINOR</td> <td>(same)</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	KEVIN F. TRAINOR	5677N 2600 E	TWIN FALLS	Id.	83307	Secretary:	Kevin F. TRAINOR	(same)				Directors:	Kevin F. TRAINOR	(same)				5. Nature of Business LAW PRACTICE	
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																					
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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>Kevin F. Trainor</u> Date <u>7/8/91</u> Name <small>(Typed or Printed)</small> <u>KEVIN F. TRAINOR</u> Title _____																								