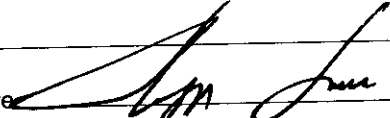


| No. C 84868 | Due no later than Sep 30, 2002 Annual Report Form | | 2. Registered Agent and Office NO PO BOX | | | | | | | | | | | | | |
|--|---|-------------------------------|---|--------------|--------------------|-------------|-------------------------------|-------------|--------------|------------|-------|----------------|---------------|-------------|----|-------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address - Correct in this box, if applicable CENTURION ASSOCIATES, INC. STAFFORD SMITH P.O. BOX 1896 IDAHO FALLS, ID 83403 1896 | | STAFFORD SMITH 1255 NORTH HOLMES IDAHO FALLS, ID 83403 1896 3. <u>New</u> Registered Agent Signature | | | | | | | | | | | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th><u>Office held</u></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>Pres.</td> <td>Stafford Smith</td> <td>P.O. Box 1896</td> <td>Idaho Falls</td> <td>ID</td> <td>83403</td> </tr> </tbody> </table> | | | | | <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | Pres. | Stafford Smith | P.O. Box 1896 | Idaho Falls | ID | 83403 |
| <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | | | | | | | | | | | |
| Pres. | Stafford Smith | P.O. Box 1896 | Idaho Falls | ID | 83403 | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO C 84868 | 6. Signature  Date <u>7.16.02</u> Name <small>(Typed or Printed)</small> <u>Stafford Smith</u> Title _____ | | | | | | | | | | | | | | | |