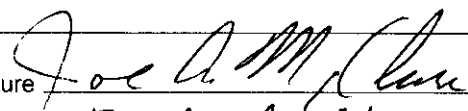


| No. <b>C 116181</b>   | <b>Due no later than Aug 31, 2000</b><br><b>Annual Report Form</b>  |                        | 2. Registered Agent and Office <b>NO PO BOX</b>                      |             |       |                        |      |       |     |           |                |                 |             |     |       |           |                    |                 |             |     |       |
|---|---|------------------------|--|-------------|-------|------------------------|------|-------|-----|-----------|----------------|-----------------|-------------|-----|-------|-----------|--------------------|-----------------|-------------|-----|-------|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>  | 1. Mailing Address - Correct in this box, if applicable   |                        | JOE A MCCLURE<br>340 SECOND AVE E                                    |             |       |                        |      |       |     |           |                |                 |             |     |       |           |                    |                 |             |     |       |
|   | JAMKAM, INC.<br>JOE A MCCLURE<br>340 SECOND AVE E<br><br>TWIN FALLS, ID 83301   |                        | TWIN FALLS, ID 83301<br><br>3. <u>New</u> Registered Agent Signature |             |       |                        |      |       |     |           |                |                 |             |     |       |           |                    |                 |             |     |       |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.<br><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>Joe A. McClure</td> <td>340 2nd Ave. E.</td> <td>Twin Falls,</td> <td>ID.</td> <td>83301</td> </tr> <tr> <td>Secretary</td> <td>Kathleen A McClure</td> <td>340 2nd Ave. E.</td> <td>Twin Falls,</td> <td>ID.</td> <td>83301</td> </tr> </tbody> </table> |   |                        |  | Office held | Name  | Street or P.O. Address | City | State | Zip | President | Joe A. McClure | 340 2nd Ave. E. | Twin Falls, | ID. | 83301 | Secretary | Kathleen A McClure | 340 2nd Ave. E. | Twin Falls, | ID. | 83301 |
| Office held   | Name  | Street or P.O. Address | City   | State       | Zip   |                        |      |       |     |           |                |                 |             |     |       |           |                    |                 |             |     |       |
| President   | Joe A. McClure  | 340 2nd Ave. E.        | Twin Falls,  | ID.         | 83301 |                        |      |       |     |           |                |                 |             |     |       |           |                    |                 |             |     |       |
| Secretary   | Kathleen A McClure  | 340 2nd Ave. E.        | Twin Falls,  | ID.         | 83301 |                        |      |       |     |           |                |                 |             |     |       |           |                    |                 |             |     |       |
| 5. Organized Under the Laws of:<br><br>IDAHO<br>C 116181  | 6. <br>Signature _____ Date <u>9-20-2000</u><br>Name (Typed or Printed) <u>Joe A. McClure</u> Title: <u>President</u> |                        |  |             |       |                        |      |       |     |           |                |                 |             |     |       |           |                    |                 |             |     |       |

Issued 09/15/2000

Do Not Tape or Staple