

No. 15 30 34	Idaho Corporation Annual Report Form Due No Later Than November 1, 1988		2. Registered Agent and Office																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 510 OCT 19 9 15 AM	1. Mailing Address — Please Correct 053634		MAYE L. LONG 227 NEW SWEDEN SCHOOL RD IDAHO FALLS, IDAHO 83402																									
	FRIENDS IN THE WEST, INC. MAYE L. LONG 227 NEW SWEDEN SCHOOL RD. IDAHO FALLS, ID 83402				3. Incorporated Under The Laws of ENTERED OCT 20 1988 STATE OF IDAHO																							
4. Names and Addresses of Officers and Directors																												
<table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Name</u></th> <th style="text-align: center;"><u>Street or P.O. Address</u></th> <th style="text-align: center;"><u>City</u></th> <th style="text-align: center;"><u>State</u></th> <th style="text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>KATHY BRACK</td> <td>15955 E. BURNSIDE</td> <td>PORTLAND</td> <td>OR.</td> <td>97233</td> </tr> <tr> <td>Secretary:</td> <td>MAYE L. LONG</td> <td colspan="4">SAME AS ABOVE</td> </tr> <tr> <td>Directors:</td> <td colspan="5"></td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	KATHY BRACK	15955 E. BURNSIDE	PORTLAND	OR.	97233	Secretary:	MAYE L. LONG	SAME AS ABOVE				Directors:					
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Directors:																												
5. Nature of Business BRAZILIAN STUDENT EXCHANGE PROGRAM		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="0" style="width: 100%;"> <tr> <td style="width: 50%;"> Signature <u>MAYE L. LONG</u> Name (Typed or Printed) <u>MAYE L. LONG</u> </td> <td style="width: 50%;"> Date <u>10-18-88</u> Title <u>DIRECTOR & TREAS.</u> </td> </tr> </table>			Signature <u>MAYE L. LONG</u> Name (Typed or Printed) <u>MAYE L. LONG</u>	Date <u>10-18-88</u> Title <u>DIRECTOR & TREAS.</u>																						
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