

No. C 142760	Due no later than February 28, 2005 Annual Report Form	2. Registered Agent and Office NO PO BOX ROBERT D LEWIS 1423 TYRELL LN BOISE, ID 83706																														
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 SELWAY INSTITUTE, INC. MAURICE G HORNOCKER 40 HERONWOOD LN PO BOX 929 BELLEVUE, ID 83313	3. New Registered Agent Signature																														
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; font-size: small;">Office held</th> <th style="text-align: left; font-size: small;">Name</th> <th style="text-align: left; font-size: small;">Street or P.O. Address</th> <th style="text-align: left; font-size: small;">City</th> <th style="text-align: left; font-size: small;">State</th> <th style="text-align: left; font-size: small;">Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>MAURICE G HORNOCKER</td> <td>BOX 929 40 HERONWOOD LN</td> <td>BELLEVUE</td> <td>ID</td> <td>83313</td> </tr> <tr> <td>DIRECTOR</td> <td>THOMAS WELSH</td> <td>BOX 2972</td> <td>CAREFREE</td> <td>AZ</td> <td>85377</td> </tr> <tr> <td>DIRECTOR</td> <td>GUY BONNIVIER</td> <td>1122 E. 1520 N</td> <td>RICHFIELD</td> <td>ID</td> <td>83349</td> </tr> <tr> <td>SECY</td> <td>LESLIE HORNOCKER</td> <td>BOX 929 40 HERONWOOD LN</td> <td>BELLEVUE</td> <td>ID</td> <td>83313</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	MAURICE G HORNOCKER	BOX 929 40 HERONWOOD LN	BELLEVUE	ID	83313	DIRECTOR	THOMAS WELSH	BOX 2972	CAREFREE	AZ	85377	DIRECTOR	GUY BONNIVIER	1122 E. 1520 N	RICHFIELD	ID	83349	SECY	LESLIE HORNOCKER	BOX 929 40 HERONWOOD LN	BELLEVUE	ID	83313
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5. Organized Under the Laws of: IDAHO C 142760	6. Signature <u>Maurice G. Hornocker</u> Date <u>12-19-04</u> Name <u>MAURICE G. HORNOCKER</u> Title <u>PRESIDENT</u>																															