

No. 101080	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 1, 1993		GERALD DAVID MYERS 310 LOMBARD																									
	1. Mailing Address SILVER CLOUD EXPEDITIONS, INC. GERALD DAVID MYERS P O BOX 1006 SALMON ID 83467		SALMON ID 83467 3. Incorporated Under The Laws of ID NO: 101080																									
4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED																												
<table border="1"> <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>JERRY MYERS</td> <td>PO Box 1006</td> <td>SALMON</td> <td>IDAHO</td> <td>83467</td> </tr> <tr> <td>Secretary:</td> <td>TERRY MYERS</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td>NONE</td> <td></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:	JERRY MYERS	PO Box 1006	SALMON	IDAHO	83467	Secretary:	TERRY MYERS	"	"	"	"	Directors:	NONE				
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																							
President:	JERRY MYERS	PO Box 1006	SALMON	IDAHO	83467																							
Secretary:	TERRY MYERS	"	"	"	"																							
Directors:	NONE																											
5. Nature of Business RIVER RAFTING OUTFITTER		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="1"> <tr> <td>Signature</td> <td><i>[Signature]</i></td> <td>Date</td> <td>7/13/93</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>JERRY MYERS</td> <td>Title</td> <td>PRESIDENT</td> </tr> </table>			Signature	<i>[Signature]</i>	Date	7/13/93	Name (Typed or Printed)	JERRY MYERS	Title	PRESIDENT																
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