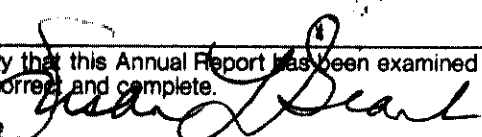


INSTRUCTIONS ON REVERSE SIDE

No. 91395 Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Idaho Corporation Annual Report Form <i>Due No Later Than November 1, 1991</i> 1. Mailing Address — Please Correct, If Not Correct JAMES L. GRANT AND ASSOCIAT JAMES L. GRANT 8301 EAST PRENTICE AVENUE SUITE 402 ENGLEWOOD CO 80111	2. Registered Agent and Office NOT A P.O. BOX DAVID L. SCHREIBER HARBOR CENTER SUITE 220 1000 WEST HUBBARD COEUR D' ALENE ID 83814 3. Incorporated Under The Laws of CO NO: 091395																														
4. Names and Addresses of Officers and Directors <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 30%;"></th> <th style="text-align: left; width: 30%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 10%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>James L. Grant</td> <td>8134 E. Phillips Circle,</td> <td>Englewood,</td> <td>CO</td> <td>80112</td> </tr> <tr> <td>Secretary:</td> <td>Susan L. Grant</td> <td>8134 E. Phillips Circle,</td> <td>Englewood,</td> <td>CO</td> <td>80112</td> </tr> <tr> <td>Directors:</td> <td>David L. Schreiber</td> <td>303 Park Drive,</td> <td>Coeur d'Alene,</td> <td>ID</td> <td>83814</td> </tr> <tr> <td>V. President:</td> <td>Stephen L. Wampler</td> <td>927 Mountain View,</td> <td>Castle Rock,</td> <td>CO</td> <td>80104</td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	James L. Grant	8134 E. Phillips Circle,	Englewood,	CO	80112	Secretary:	Susan L. Grant	8134 E. Phillips Circle,	Englewood,	CO	80112	Directors:	David L. Schreiber	303 Park Drive,	Coeur d'Alene,	ID	83814	V. President:	Stephen L. Wampler	927 Mountain View,	Castle Rock,	CO	80104
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5. Nature of Business Engineering Consultants	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  Signature Name (Printed) Susan L. Grant 9/18/91 Date Title Secretary/Treasurer																															