

No.	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, 1992		SUSAN P. ROY 137 2ND ST. WEST																								
	1. Mailing Address -- Please Correct If Not Correct		TWIN FALLS ID 83301																								
	SUSAN P. ROY, CHARTERED SUSAN P. ROY P. O. BOX 487																										
		TWIN FALLS ID 83303 0000	3. Incorporated Under The Laws of ID NO: 70225																								
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></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>Susan P. Roy</td> <td>P.O. Box 487</td> <td>Twin Falls</td> <td>Id</td> <td>83301</td> </tr> <tr> <td>Secretary:</td> <td>Kenneth W. Roy</td> <td>P.O. Box 487</td> <td>TWIN Falls</td> <td>Id</td> <td>83301</td> </tr> <tr> <td>Directors:</td> <td colspan="5"> Susan P. Roy — Same as above Kenneth W. Roy Same as above </td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President:	Susan P. Roy	P.O. Box 487	Twin Falls	Id	83301	Secretary:	Kenneth W. Roy	P.O. Box 487	TWIN Falls	Id	83301	Directors:	Susan P. Roy — Same as above Kenneth W. Roy Same as above				
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5. Nature of Business	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.																										
Legal Services	Signature <u>Susan P. Roy</u> Name (Typed or Printed) <u>Susan P. Roy</u> Date <u>2-11-92</u> Title <u>President</u>																										