

| No. C 99784 | Annual Report Form Due No Later Than November 30, 1998 | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|-------|-------------|------|------------------------|------|-------|-----|-------|----------------|------------------|--------|----|-------|------|------------|-----|-----|-----|-----|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE * | 1. Mailing Address - Please Correct, If Not Correct TAX FINANCE CORP. JIM PIKE & CO PA 25 W COMMERCIAL WEISER ID 83672 | | BILLIE DEYOUNG 25 W COMMERCIAL ST WEISER ID 83672 3. Organized Under the Laws of: ID C 99784 | | | | | | | | | | | | | | | | | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="1"> <thead> <tr> <th>Office held</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>Pres.</td> <td>Billie DeYoung</td> <td>25 W. Commercial</td> <td>Weiser</td> <td>Id</td> <td>83672</td> </tr> <tr> <td>Sec.</td> <td>Linda Reys</td> <td>" "</td> <td>" "</td> <td>" "</td> <td>" "</td> </tr> </tbody> </table> | | | | | Office held | Name | Street or P.O. Address | City | State | Zip | Pres. | Billie DeYoung | 25 W. Commercial | Weiser | Id | 83672 | Sec. | Linda Reys | " " | " " | " " | " " |
| Office held | Name | Street or P.O. Address | City | State | Zip | | | | | | | | | | | | | | | | | |
| Pres. | Billie DeYoung | 25 W. Commercial | Weiser | Id | 83672 | | | | | | | | | | | | | | | | | |
| Sec. | Linda Reys | " " | " " | " " | " " | | | | | | | | | | | | | | | | | |
| 5. Signature of New Registered Agent | | 6. Signature <u>Billie DeYoung</u> Date <u>7/14/98</u> Name (Typed or Printed) <u>Billie DeYoung</u> Title <u>President</u> | | | | | | | | | | | | | | | | | | | | |

ISSUED: 07-03-1998

↓ DO NOT TAPE OR STAPLE ↓

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