

INSTRUCTIONS ON REVERSE SIDE

No. 88947	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991	2. Registered Agent and Office NOT A P.O. BOX DEREN IPSEN BOWMAN 419 WEST MAIN REXBURG ID 83440																														
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	1. Mailing Address: <i>Please Correct If Not Correct</i> BOWMAN ENTERPRISES, INC. DEREN I. BOWMAN 419 WEST MAIN REXBURG ID 83440	3. Incorporated Under The Laws of ID NO: 088947																														
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>DEREN BOWMAN</td> <td>625 Angela</td> <td>Rexburg</td> <td>Idaho</td> <td>83440</td> </tr> <tr> <td>Secretary:</td> <td>FLOTTIE BOWMAN</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td>FLORENCE BOWMAN</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td></td> <td>DEREN BOWMAN</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>				Name	Street or P.O. Address	City	State	Zip	President:	DEREN BOWMAN	625 Angela	Rexburg	Idaho	83440	Secretary:	FLOTTIE BOWMAN	"	"	"	"	Directors:	FLORENCE BOWMAN	"	"	"	"		DEREN BOWMAN	"	"	"	"
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5. Nature of Business Golf Course	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 <u>DEREN BOWMAN</u> Name (Typed or Printed) DEREN BOWMAN Date <u>9/30/91</u> Title <u>GOLF COURSE SUPER.</u>																															