


No. 95067 Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991 1 Mailing Address: <i>Please Correct If Not Correct</i> SCHMIDL, INC. PAUL T SMITH PO BOX 1882 TWIN FALLS ID 83303	2. Registered Agent and Office NOT A P.O. BOX PAUL T SMITH ROUTE 4, BOX 7739 TWIN FALLS ID 83303 3. Incorporated Under The Laws of ID NO: 095067																								
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>Paul T. Smith</td> <td>P.O. Box 1882</td> <td>Twin Falls</td> <td>Idaho</td> <td>83303</td> </tr> <tr> <td>Secretary:</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>				Name	Street or P.O. Address	City	State	Zip	President:	Paul T. Smith	P.O. Box 1882	Twin Falls	Idaho	83303	Secretary:	"	"	"	"	"	Directors:	"	"	"	"	"
	Name	Street or P.O. Address	City	State	Zip																					
President:	Paul T. Smith	P.O. Box 1882	Twin Falls	Idaho	83303																					
Secretary:	"	"	"	"	"																					
Directors:	"	"	"	"	"																					
5. Nature of Business Service	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 (Typed or Printed) Paul T. Smith Date 7-8-91 Title President																									