

No. <i>Return To</i> Secretary of State Room 203, Statehouse Boise, ID 83720 ★ FIRST NOTICE ★ NO FEE REQUIRED	Idaho Corporation Annual Report Form <i>Due No Later Than November 1, 1992</i> 1 Mailing Address — Please Correct, If Not Correct MICON, INC. MICHAEL L. ANDERSON 127E COLLEGE AVE. 127E ST. MARIES ID 83861 0000	2. Registered Agent and Office NOT A P.O. BOX MICHAEL L. ANDERSON 127E COLLEGE AVE. ST. MARIES ID 83861 3. Incorporated Under The Laws of ID NO: 95703																								
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>MIKE ANDERSON</td> <td>R+4 Box 114</td> <td>St Maries</td> <td>ID</td> <td>83861</td> </tr> <tr> <td>Secretary:</td> <td>CONNIE ANDERSON</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>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	MIKE ANDERSON	R+4 Box 114	St Maries	ID	83861	Secretary:	CONNIE ANDERSON					Directors:					
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Secretary:	CONNIE ANDERSON																									
Directors:																										
5. Nature of Business RESTAURANT	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>Constance L Anderson</u> Date <u>7-10-92</u> Name (Typed or Printed) <u>CONSTANCE L ANDERSON</u> Title <u>Sec.</u>																									