

No. <b>C120306</b>	<b>Annual Report Form</b> <i>Due No Later Than November 30,</i> <b>1999</b>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>  <b>TIM A RIVERS</b> <b>1617 9TH AVE</b>  <b>LEWISTON ID 83501</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct		3. Organized Under the Laws of:  <b>ID C120306</b>		
	<b>WAYBACK INCORPORATED</b> <b>TIM A RIVERS</b> <b>1617 9TH AVE</b>  <b>LEWISTON ID 83501</b>				
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)					
<u>Office held</u>  president  Secretary	<u>Name</u>  Tim A. Rivers Theresa L. Rivers	<u>Street or P.O. Address</u>  1617 9th Ave 1617 9th Ave	<u>City</u>  Lewiston Lewiston	<u>State</u>  ID ID	<u>Zip</u>  83501 83501
5. Signature of New Registered Agent		6. Signature <u>Tim A Rivers</u> Date <u>7/28/99</u> Name <small>(Typed or Printed)</small> <u>Tim A Rivers</u> Title <u>President</u>			

ISSUED: 07-03-1999

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