

| No. 052613  | Idaho Corporation Annual Report Form  |   | 2. Registered Agent and Office                                |       |           |                      |                        |          |                         |               |            |               |         |          |    |       |            |               |         |          |    |       |            |  |  |  |  |  |
|---|---|---|---|-------|-----------|----------------------|------------------------|----------|-------------------------|---------------|------------|---------------|---------|----------|----|-------|------------|---------------|---------|----------|----|-------|------------|--|--|--|--|--|
| Return To<br><br>Secretary of State<br>Room 203, Statehouse<br>Boise, ID 83720<br><br>SEC. OF STATE<br><br>98 NOV 4 AM 10 13  | Due No Later Than November 1, 1988  |   | FLOYD AKINS<br>6TH & PINE BOX 545<br>POTLATCH, IDAHO<br>83855 |       |           |                      |                        |          |                         |               |            |               |         |          |    |       |            |               |         |          |    |       |            |  |  |  |  |  |
|   | 1. Mailing Address — Please Correct 052613<br><br>FLOYD'S THRIFT STORES, INC.<br>FLOYD AKINS<br>P. O. BOX 545<br>POTLATCH, IDAHO<br>83855 |   |   |       |           |                      |                        |          |                         |               |            |               |         |          |    |       |            |               |         |          |    |       |            |  |  |  |  |  |
| 4. Names and Addresses of Officers and Directors  |   |   | 3. Incorporated Under The Laws of <u>STATE OF IDAHO</u>       |       |           |                      |                        |          |                         |               |            |               |         |          |    |       |            |               |         |          |    |       |            |  |  |  |  |  |
| <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>FLOYD C AKINS</td> <td>Box 545</td> <td>Potlatch</td> <td>Id</td> <td>83855</td> </tr> <tr> <td>Secretary:</td> <td>IRENE E AKINS</td> <td>Box 545</td> <td>Potlatch</td> <td>Id</td> <td>83855</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: | FLOYD C AKINS | Box 545 | Potlatch | Id | 83855 | Secretary: | IRENE E AKINS | Box 545 | Potlatch | Id | 83855 | Directors: |  |  |  |  |  |
|   | Name  | Street or P.O. Address  | City  | State | Zip       |                      |                        |          |                         |               |            |               |         |          |    |       |            |               |         |          |    |       |            |  |  |  |  |  |
| President:  | FLOYD C AKINS   | Box 545   | Potlatch  | Id    | 83855     |                      |                        |          |                         |               |            |               |         |          |    |       |            |               |         |          |    |       |            |  |  |  |  |  |
| Secretary:  | IRENE E AKINS   | Box 545   | Potlatch  | Id    | 83855     |                      |                        |          |                         |               |            |               |         |          |    |       |            |               |         |          |    |       |            |  |  |  |  |  |
| Directors:  |   |   |   |       |           |                      |                        |          |                         |               |            |               |         |          |    |       |            |               |         |          |    |       |            |  |  |  |  |  |
| 5. Nature of Business<br><br>Grocery store  |   | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.<br><br><table border="0"> <tr> <td>Signature</td> <td><i>Irene E Akins</i></td> <td>Date</td> <td>10-31-88</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>IRENE E AKINS</td> <td>Title</td> <td>Sec/treas</td> </tr> </table> |   |       | Signature | <i>Irene E Akins</i> | Date                   | 10-31-88 | Name (Typed or Printed) | IRENE E AKINS | Title      | Sec/treas     |         |          |    |       |            |               |         |          |    |       |            |  |  |  |  |  |
| Signature   | <i>Irene E Akins</i>  | Date  | 10-31-88  |       |           |                      |                        |          |                         |               |            |               |         |          |    |       |            |               |         |          |    |       |            |  |  |  |  |  |
| Name (Typed or Printed)   | IRENE E AKINS   | Title   | Sec/treas   |       |           |                      |                        |          |                         |               |            |               |         |          |    |       |            |               |         |          |    |       |            |  |  |  |  |  |