

No. C 115955	Due no later than Aug 31, 2000 Annual Report Form		2. Registered Agent and Office NO PO BOX														
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable IDAHO RECOVERY ASSISTANCE PROGRAM F STEVE STREEPER PO BOX 811 ARCO, ID 83213		STEVE STREEPER 2533 N HWY 93 ARCO, ID 83213														
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.			3. <u>New</u> Registered Agent Signature														
<table border="1"> <thead> <tr> <th data-bbox="272 347 454 381"><u>Office held</u></th> <th data-bbox="454 347 710 381"><u>Name</u></th> <th data-bbox="710 347 1155 381"><u>Street or P.O. Address</u></th> <th data-bbox="1155 347 1309 381"><u>City</u></th> <th data-bbox="1309 347 1445 381"><u>State</u></th> <th data-bbox="1445 347 1642 381"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="272 381 454 484">Pres, Secy, Director</td> <td data-bbox="454 381 710 484">Steve Streeper</td> <td data-bbox="710 381 1155 484">- P.O. Box 811</td> <td data-bbox="1155 381 1309 484">ARCO</td> <td data-bbox="1309 381 1445 484">ID</td> <td data-bbox="1445 381 1642 484">83213</td> </tr> </tbody> </table>						<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Pres, Secy, Director	Steve Streeper	- P.O. Box 811	ARCO	ID	83213
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>												
Pres, Secy, Director	Steve Streeper	- P.O. Box 811	ARCO	ID	83213												
5. Organized Under the Laws of: IDAHO C 115955		6. Signature <u>Steve N. Streeper</u> Date <u>7/12/00</u> Name <small>(Typed or Printed)</small> <u>STEVEN N. STREEPER</u> Title: <u>Pres.</u> <small>X None</small>															

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