

No. 46590	Idaho Corporation Annual Report Form		2. Registered Agent and Office																									
Return To	Due No Later Than November 1.		DON EVERTON																									
Secretary of State Room 203, Statehouse Boise, ID 83720	1. Mailing Address — Please Correct		326 SECOND AVENUE SOUTH																									
	SLEEP CENTERS, INC.		TWIN FALLS ID 83301																									
	LARRY SPARGO		3. Incorporated Under The Laws																									
** FINAL NOTICE ** NO FEE REQUIRED	2441 S. W. 4TH AVENUE		of ID																									
	ONTARIO OR 97914		NO: 046590																									
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>Larry Spargo Sr.</td> <td>2411 SW 4th Ave</td> <td>Ontario</td> <td>OR</td> <td>97914</td> </tr> <tr> <td>Secretary:</td> <td>Cherre Atagi</td> <td>1030 S.W. 8th Ave</td> <td>Ontario</td> <td>OR</td> <td>97914</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:	Larry Spargo Sr.	2411 SW 4th Ave	Ontario	OR	97914	Secretary:	Cherre Atagi	1030 S.W. 8th Ave	Ontario	OR	97914	Directors:					
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Directors:																												
5. Nature of Business	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.																											
Furniture & bedding retail	<table border="1"> <tr> <td data-bbox="602 911 683 930">Signature</td> <td data-bbox="602 938 722 961">Name (Typed or Printed)</td> <td data-bbox="1271 911 1315 930">Date</td> <td data-bbox="1271 938 1315 961">Title</td> </tr> <tr> <td data-bbox="602 911 1174 961"></td> <td data-bbox="602 938 1174 961">Cherre Atagi</td> <td data-bbox="1271 911 1508 934">10/10/90</td> <td data-bbox="1271 938 1572 961">Sec/Treas.</td> </tr> </table>				Signature	Name (Typed or Printed)	Date	Title		Cherre Atagi	10/10/90	Sec/Treas.																
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