

No. 70760	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991	2. Registered Agent and Office NOT A P.O. BOX JOHN J. BOHNEY 888 WEST ALAMEDA POCATELLO ID 83201																								
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	(Mailing Address) Please Correct If Not Correct	3. Incorporated Under The Laws of ID NO: 070760																								
	INTERMOUNTAIN DETAILERS, IN JOHN J. BOHNEY 888 WEST ALAMEDA POCATELLO ID 83201																									
4. Names and Addresses of Officers and Directors <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 35%; text-align: center;"><u>Name</u></th> <th style="width: 35%; text-align: center;"><u>Street or P.O. Address</u></th> <th style="width: 10%; text-align: center;"><u>City</u></th> <th style="width: 10%; text-align: center;"><u>State</u></th> <th style="width: 15%; text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>JOHN J. BOHNEY JR.</td> <td>4915 HAWTHORNE</td> <td>POCATELLO</td> <td>IDAHO</td> <td>83202</td> </tr> <tr> <td>Secretary:</td> <td>LARRY L. CONYERS</td> <td>1507 ZENER</td> <td>POCATELLO</td> <td>IDAHO</td> <td>83201</td> </tr> <tr> <td>Directors:</td> <td colspan="5"></td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	JOHN J. BOHNEY JR.	4915 HAWTHORNE	POCATELLO	IDAHO	83202	Secretary:	LARRY L. CONYERS	1507 ZENER	POCATELLO	IDAHO	83201	Directors:					
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5. Nature of Business DRAFTING SERVICE	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature <i>John J. Bohny Jr.</i> Name (Typed) JOHN J. BOHNEY JR. </td> <td style="width: 40%;"> Date 7-9-91 Title PRESIDENT </td> </tr> </table>		Signature <i>John J. Bohny Jr.</i> Name (Typed) JOHN J. BOHNEY JR.	Date 7-9-91 Title PRESIDENT																						
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