

INSTRUCTIONS ON REVERSE SIDE

No. 7778	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Due No Later Than November 1, 1991		NEIL LARSEN																									
	1 Mailing Address: Please Correct If Not Correct		2984A NORTH 3800 EAST																									
	PURITY WATER, INC. NEIL LARSEN ROUTE 1, BOX 303		KIMBERLY ID 83341																									
	KIMBERLY ID 83341		3. Incorporated Under The Laws of ID NO: 067778																									
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>Neil H. Larsen</td> <td>3851N & 3500E</td> <td>Kimberly</td> <td>Ida</td> <td>83341</td> </tr> <tr> <td>Secretary:</td> <td>Theresa E. Larsen</td> <td>"</td> <td>"</td> <td>"</td> <td>"</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:	Neil H. Larsen	3851N & 3500E	Kimberly	Ida	83341	Secretary:	Theresa E. Larsen	"	"	"	"	Directors:					
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Directors:																												
5. Nature of Business bottled water & water softener sales & 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. Signature: Theresa E. Larsen Date: 7-19-91 Name (Typed or Printed): Title: Secy Treas																										