

No. 65930 Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	Idaho Corporation Annual Report Form Due No Later Than November 1, 1993 1. Mailing Address - Please Print or Type SELKIRK SHADOWS, INC. MERLE E. OLSEN ROUTE 4, BOX 606 BONNERS FERRY ID 83805	2. Registered Agent and Office NOT A P.O. BOX KATHERINE M. OLSEN COUNTY ROAD #2, MORAVIA BONNERS FERRY ID 83805 3. Incorporated Under The Laws of ID NO: 65930																				
4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED <table border="1"> <thead> <tr> <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: MERLE OLSEN</td> <td>Rt 4 Box 606</td> <td>BONNERS FERRY</td> <td>ID</td> <td>83805</td> </tr> <tr> <td>Secretary: K.M. OLSEN</td> <td>CR #2, MORAVIA</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Name	Street or P.O. Address	City	State	Zip	President: MERLE OLSEN	Rt 4 Box 606	BONNERS FERRY	ID	83805	Secretary: K.M. OLSEN	CR #2, MORAVIA	"	"	"	Directors:				
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5. Nature of Business AGRICULTURE	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 <u>K. M. Olsen</u> Date <u>9-14-93</u> Name (Typed or Printed) <u>K. M. OLSEN</u> Title <u>Sec</u>																					