

No. 80483 Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Idaho Corporation Annual Report Form <i>Due No Later Than November 1, 1991</i> 1. Mailing Address: <i>Please Correct If Not Correct</i> TETON TRAVELER, INC. ROBERT L. WHITE 1805 W. 49TH SOUTH IDAHO FALLS ID 83402	2. Registered Agent and Office NOT A P.O. BOX R. L. WHITE 1805 W. 49TH SOUTH IDAHO FALLS ID 83402 3. Incorporated Under The Laws of ID NO: 080483																								
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: 25%; text-align: center;"><u>Name</u></th> <th style="width: 30%; text-align: center;"><u>Street or P.O. Address</u></th> <th style="width: 15%; text-align: center;"><u>City</u></th> <th style="width: 10%; text-align: center;"><u>State</u></th> <th style="width: 5%; text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Robert L. White</td> <td>1881 W. 49th S.</td> <td>Idaho Falls</td> <td>*Id.</td> <td>83402</td> </tr> <tr> <td>Secretary:</td> <td>Linda D. White</td> <td>1881 W. 49th S.</td> <td>Idaho Falls</td> <td>Id.</td> <td>83402</td> </tr> <tr> <td>Directors:</td> <td colspan="5">same as above</td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Robert L. White	1881 W. 49th S.	Idaho Falls	*Id.	83402	Secretary:	Linda D. White	1881 W. 49th S.	Idaho Falls	Id.	83402	Directors:	same as above				
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																					
President:	Robert L. White	1881 W. 49th S.	Idaho Falls	*Id.	83402																					
Secretary:	Linda D. White	1881 W. 49th S.	Idaho Falls	Id.	83402																					
Directors:	same as above																									
5. Nature of Business Camper sales lot	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 <u><i>Linda D. White</i></u> Name (Typed or Printed) Linda D. White </td> <td style="width: 40%;"> Date <u><i>10/18/91</i></u> Title <u><i>V.P./Sec.</i></u> </td> </tr> </table>		Signature <u><i>Linda D. White</i></u> Name (Typed or Printed) Linda D. White	Date <u><i>10/18/91</i></u> Title <u><i>V.P./Sec.</i></u>																						
Signature <u><i>Linda D. White</i></u> Name (Typed or Printed) Linda D. White	Date <u><i>10/18/91</i></u> Title <u><i>V.P./Sec.</i></u>																									

INSTRUCTIONS ON REVERSE SIDE

No. 94396 Return To Secretary of State Room 203, Statehouse Boise, ID 83720 ** FINAL NOTICE ** NO FEE REQUIRED	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991 1 Mailing Address Please Correct If Not Correct K-C OIL COMPANY KEITH N ATKINSON 1 BANNOCK MALAD ID 83252 0000	2. Registered Agent and Office NOT A P.O. BOX KEITH N ATKINSON 1 BANNOCK MALAD ID 83252 3. Incorporated Under The Laws of NO: 094396																								
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Keith N Atkinson</td> <td>412 W Hwy 38</td> <td>Malad</td> <td>Id</td> <td>83252</td> </tr> <tr> <td>Secretary:</td> <td>Carolyn Atkinson</td> <td>412 W Hwy 38</td> <td>Malad</td> <td>Id</td> <td>83252</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Keith N Atkinson	412 W Hwy 38	Malad	Id	83252	Secretary:	Carolyn Atkinson	412 W Hwy 38	Malad	Id	83252	Directors:					
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																					
President:	Keith N Atkinson	412 W Hwy 38	Malad	Id	83252																					
Secretary:	Carolyn Atkinson	412 W Hwy 38	Malad	Id	83252																					
Directors:																										
5. Nature of Business Service Station + Mini Mart	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 border="1"> <tr> <td>Signature</td> <td>Carolyn Atkinson</td> <td>Date</td> <td>10-15-91</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>CAROLYN ATKINSON</td> <td>Title</td> <td>Secretary</td> </tr> </table>		Signature	Carolyn Atkinson	Date	10-15-91	Name (Typed or Printed)	CAROLYN ATKINSON	Title	Secretary																
Signature	Carolyn Atkinson	Date	10-15-91																							
Name (Typed or Printed)	CAROLYN ATKINSON	Title	Secretary																							