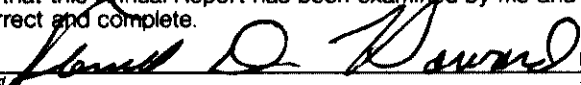
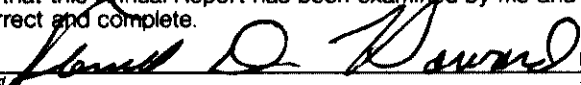
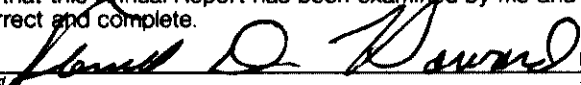


No. 055035	Idaho Corporation Annual Report Form		2. Registered Agent and Office																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 OCT 24 1988	Due No Later Than November 1, 1988		TERRILL D. HOWARD																									
	1. Mailing Address — Please Correct 055035		5540 NORTH FIVE MILE																									
	WESTLAND INVESTMENTS, INC. TERRILL DEE HOWARD 5540 NORTH FIVE MILE ROAD BOISE, IDAHO 83702		BOISE, IDAHO 83702 3. Incorporated Under The Laws of STATE OF IDAHO																									
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>Terrill D. Howard</td> <td>5540 N. Five Mile Rd.</td> <td>Boise, ID</td> <td></td> <td>83704</td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td>Terrill D. Howard</td> <td>5540 N. Five Mile Rd.</td> <td>Boise, ID</td> <td></td> <td>83704</td> </tr> </tbody> </table> <p style="text-align: center; font-size: 2em; font-family: cursive;">Up date</p>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Terrill D. Howard	5540 N. Five Mile Rd.	Boise, ID		83704	Secretary:						Directors:	Terrill D. Howard	5540 N. Five Mile Rd.	Boise, ID		83704
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5. Nature of Business Real estate/ insurance sales		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 data-bbox="536 904 1205 936">Signature </td> <td data-bbox="1205 904 1594 936">Date 10-20-88</td> </tr> <tr> <td data-bbox="536 936 1205 968">Name (Typed Printed) Terrill D. Howard</td> <td data-bbox="1205 936 1594 968">Title President</td> </tr> </table>			Signature 	Date 10-20-88	Name (Typed Printed) Terrill D. Howard	Title President																				
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