

<b>No.</b> 54016	<b>Idaho Corporation Annual Report Form</b>		<b>2. Registered Agent and Office NOT A P.O. BOX</b>																									
Return To  <b>Secretary of State Room 203, Statehouse Boise, ID 83720</b>  <b>NO FEE REQUIRED</b>	<b>Due No Later Than November 1, 1991</b>		LAMONT HARRIS 1405 WEST 800 NORTH																									
	<b>1. Mailing Address Please Correct If Not Correct</b>		PRESTON ID 83263																									
	HARRIS AIRCRAFT, INC. DENTON HARRIS P. O. BOX 309  PRESTON ID 83263		<b>3. Incorporated Under The Laws of ID</b>  NO: 054016																									
<b>4. Names and Addresses of Officers and Directors</b>																												
<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>Lamont Harris</td> <td>PO 309</td> <td>Preston</td> <td>Id</td> <td>83263</td> </tr> <tr> <td>Secretary:</td> <td>Terry Harris</td> <td>PO 309</td> <td>Preston</td> <td>Id</td> <td>83263</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:	Lamont Harris	PO 309	Preston	Id	83263	Secretary:	Terry Harris	PO 309	Preston	Id	83263	Directors:					
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Secretary:	Terry Harris	PO 309	Preston	Id	83263																							
Directors:																												
<b>5. Nature of Business</b> Wholesale		<b>6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.</b> <table border="1"> <tr> <td><u>Signature</u></td> <td><u>Date</u></td> </tr> <tr> <td>Lamont Harris</td> <td>7/14/91</td> </tr> <tr> <td><u>Name (Typed or Printed)</u></td> <td><u>Title</u></td> </tr> <tr> <td>Lamont Harris</td> <td>Pres</td> </tr> </table>			<u>Signature</u>	<u>Date</u>	Lamont Harris	7/14/91	<u>Name (Typed or Printed)</u>	<u>Title</u>	Lamont Harris	Pres																
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