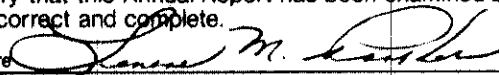
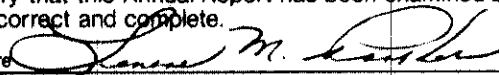
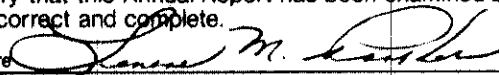


No. 70561	Idaho Corporation Annual Report Form		2. Registered Agent and Office																									
Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 ★ FIRST NOTICE ★ NO FEE REQUIRED	Due No Later Than November 1, 1994		LENORE M. PARKER 682 NORTH SUNRISE																									
	LENORE M. PARKER, INC. LENORE M. PARKER 682 NORTH SUNRISE TWIN FALLS ID 83301		TWIN FALLS ID 83301 3. Incorporated Under The Laws of ID NO: 70561																									
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>Lenore M. Parker</td> <td>682 North Sunrise</td> <td>Twin Falls</td> <td>Idaho</td> <td>83301</td> </tr> <tr> <td>Secretary:</td> <td>Robert Thurston</td> <td>Box 352</td> <td>Twin Falls</td> <td>Idaho</td> <td>83303</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:	Lenore M. Parker	682 North Sunrise	Twin Falls	Idaho	83301	Secretary:	Robert Thurston	Box 352	Twin Falls	Idaho	83303	Directors:					
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Directors:																												
5. Nature of Business Administration of Trust		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="0"> <tr> <td>Signature </td> <td>Date 7-10-94</td> </tr> <tr> <td>Name (Typed on reverse) Lenore M. Parker</td> <td>Title Pres.</td> </tr> </table>			Signature 	Date 7-10-94	Name (Typed on reverse) Lenore M. Parker	Title Pres.																				
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