	INSTRUC	TIONS ON REVERSE SIDE	LASUEV: UT	™ to at ^{oo} i be of a
No. 95020 Return To		ntion Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX C T CORPORATION SYSTEM	
Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	1. Mading Address. SMITH-WESTE ELIZABETH J P O BOX 157: TACOMA	RN CO. Smith	BOISE 3. Incorporated Under Tof WA NO: 96020	ID 83701
4. Names and Addresses of Officers	and Directors	MUST BE PRINTED C	R TYPED	
	Name	Street or P.O. Address	City	State Zip
Secretary: Elizabeth J. Directors: Kyle S. Smi	th - P.O. Box	Box 1573 - Tacoma, WA 1573 - Tacoma, WA 984	98401-1573 901-1573	
5. Nature of Business	6. I certify the	at this Annual Report has been exar	nined by me and is to the b	est of my knowledge
Wholesale Distributors Post Cards & Souvenirs	Signature	ct and complete.		ly 6, 1993
	Name of the	Kyle W. Smith		