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|--|--|---|---|------------|-----------------|-------------------------------|--|--------------|------------|
| No. 161599 | Idaho Corporation Annual Report Form <i>Due No Later Than November 1, 1988</i> | | 2. Registered Agent and Office ROBERT E LYNN 102 HYNOMAN VIEW DR., EA KETCHUM, IDAHO 83340 | | | | | | |
| <i>Return To</i> Secretary of State Room 203, Statehouse Boise, ID 83720 | 1. Mailing Address — Please Correct 061599 LYNN & LYNN, INC. ROBERT E. LYNN BOX 2152 KETCHUM, IDAHO 83340 | | 3. Incorporated Under The Laws of STATE OF IDAHO | | | | | | |
| | | | | | | | | | |
| 4. Names and Addresses of Officers and Directors | | | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"><u>Name</u></td> <td style="width: 35%;"><u>Street or P.O. Address</u></td> <td style="width: 15%;"><u>City</u></td> <td style="width: 15%;"><u>State</u></td> <td style="width: 5%;"><u>Zip</u></td> </tr> </table> | | | | | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> |
| <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | | | | | |
| President: Secretary: Directors: | | | | | | | | | |
| <div style="display: flex; justify-content: space-around;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> ENTERED NOV 02 1988 </div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> ENTERED NOV 02 1988 </div> </div> | | | | | | | | | |
| 5. Nature of Business <i>Letter sent 11/2/88 OH</i> | | 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: none;"> <tr> <td style="width: 60%;">Signature _____</td> <td style="width: 40%;">Date _____</td> </tr> <tr> <td>Name <small>(Typed or Printed)</small> _____</td> <td>Title _____</td> </tr> </table> | | | Signature _____ | Date _____ | Name <small>(Typed or Printed)</small> _____ | Title _____ | |
| Signature _____ | Date _____ | | | | | | | | |
| Name <small>(Typed or Printed)</small> _____ | Title _____ | | | | | | | | |

**INSTRUCTIONS
FOR THE
IDAHO CORPORATION ANNUAL REPORT FORM**

- A. Please correct any pre-printed information. Pay special attention to the MAILING ADDRESS.
- B. You may change the information in Block #2 regarding Registered Agent and Office on the annual report form. The registered office address must be the physical location at which the Registered Agent can normally be found during regular business hours. Please make any necessary changes on the form itself. It is not necessary to file a separate form or pay any filing fee.
- C. You must enter complete
- D. This report must be signed by the Registered Agent, office manager, accountant, agent or attorney is NOT
- E. Return completed annual

RESOLUTION OF THE STOCKHOLDERS AND DIRECTORS
OF LYNN & LYNN, INC.
ADOPTING A PLAN OF COMPLETE LIQUIDATION