

No. 85540	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991	2. Registered Agent and Office NOT A P.O. BOX																				
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	1. Mailing Address: <i>Please Correct If Not Correct</i> WESTERN KEY AND SUPPLY, INC VIOLA M. OWENS P. O. BOX 838 BRIGHTON CO 80601	ROBERT D. OVERSTREET 216 W. STATE STREET BOISE ID 83702 3. Incorporated Under The Laws of ID NO: 085540																				
4. Names and Addresses of Officers and Directors																						
	<table border="1"> <thead> <tr> <th data-bbox="409 383 710 425">Name</th> <th data-bbox="710 383 1058 425">Street or P.O. Address</th> <th data-bbox="1058 383 1321 425">City</th> <th data-bbox="1321 383 1437 425">State</th> <th data-bbox="1437 383 1614 425">Zip</th> </tr> </thead> <tbody> <tr> <td data-bbox="409 425 710 468">President: RAY OWENS</td> <td data-bbox="710 425 1058 468">P.O. Box 838</td> <td data-bbox="1058 425 1321 468">Brighton</td> <td data-bbox="1321 425 1437 468">CO</td> <td data-bbox="1437 425 1614 468">80601</td> </tr> <tr> <td data-bbox="409 468 710 510">Secretary: Robert Overstreet</td> <td data-bbox="710 468 1058 510">216 W. State St.</td> <td data-bbox="1058 468 1321 510">Boise</td> <td data-bbox="1321 468 1437 510">ID</td> <td data-bbox="1437 468 1614 510">83702</td> </tr> <tr> <td data-bbox="409 510 710 835">Directors: Vi. Pres VIOLA M. OWENS</td> <td data-bbox="710 510 1058 835">P.O. Box 838</td> <td data-bbox="1058 510 1321 835">Brighton</td> <td data-bbox="1321 510 1437 835">Co.</td> <td data-bbox="1437 510 1614 835">80601</td> </tr> </tbody> </table>	Name	Street or P.O. Address	City	State	Zip	President: RAY OWENS	P.O. Box 838	Brighton	CO	80601	Secretary: Robert Overstreet	216 W. State St.	Boise	ID	83702	Directors: Vi. Pres VIOLA M. OWENS	P.O. Box 838	Brighton	Co.	80601	
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5. Nature of Business WHOLESALE SUPPLIER Locksmith supplies	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <i>Viola M. Owens</i> Name (Typed or Printed) VIOLA M. OWENS Date 7-11-91 Title V. Pres.																					