

No. <u>100710</u>	Idaho Corporation Annual Report Form		2. Registered Agent and Office																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 83720 28 OCT 25 20 8 01	Due No Later Than November 1, 1988		DAVID L. PAULSON 999 FEDERAL WAY, SUITE "A" BOISE, IDAHO 83705																									
	1. Mailing Address — Please Correct <u>085006</u>																											
	ALMOST INTERIORS, INC. DAVID L. PAULSON 999 FEDERAL WAY, SUITE "D" BOISE, IDAHO 83705		3. Incorporated Under The Laws of <u>ENTERED</u> <u>OCT 26 1988</u> STATE OF IDAHO																									
4. Names and Addresses of Officers and Directors																												
<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><u>Dolores Paulson</u></td> <td><u>999 Federal Way</u></td> <td><u>Boise</u></td> <td><u>Id</u></td> <td><u>83705</u></td> </tr> <tr> <td>Secretary:</td> <td><u>Davin Paulson</u></td> <td><u>"</u></td> <td><u>"</u></td> <td><u>"</u></td> <td><u>"</u></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:	<u>Dolores Paulson</u>	<u>999 Federal Way</u>	<u>Boise</u>	<u>Id</u>	<u>83705</u>	Secretary:	<u>Davin Paulson</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	Directors:					
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Directors:																												
5. Nature of Business <u>INTERIORS</u>		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="1"> <tr> <td>Signature <u>Dolores Paulson</u></td> <td>Date <u>10/20/88</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>DOLORES PAULSON</u></td> <td>Title <u>PRESIDENT</u></td> </tr> </table>			Signature <u>Dolores Paulson</u>	Date <u>10/20/88</u>	Name (Typed or Printed) <u>DOLORES PAULSON</u>	Title <u>PRESIDENT</u>																				
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