

No. 76422	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Due No Later Than November 1, 1991		JOHN F. PORTER																									
	1. Mailing Address — Please Correct, If Not Correct		511 SOUTH MAIN STREET																									
	JOHN F. PORTER, P.A.		TROY ID 83871																									
	JOHN F. PORTER		3. Incorporated Under The Laws																									
	P. O. BOX 459		of ID																									
	TROY ID 83871		NO: 076422																									
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>JOHN F. PORTER</td> <td>P.O. Box 441</td> <td>TROY</td> <td>ID.</td> <td>83871</td> </tr> <tr> <td>Secretary:</td> <td>EVELYN S. PORTER</td> <td>P.O. Box 441</td> <td>TROY</td> <td>ID</td> <td>83871</td> </tr> <tr> <td>Directors:</td> <td>JOHN F. PORTER</td> <td>P.O. Box 441</td> <td>TROY</td> <td>ID</td> <td>83871</td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	JOHN F. PORTER	P.O. Box 441	TROY	ID.	83871	Secretary:	EVELYN S. PORTER	P.O. Box 441	TROY	ID	83871	Directors:	JOHN F. PORTER	P.O. Box 441	TROY	ID	83871
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5. Nature of Business LAW OFFICE		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</td> <td>Date</td> </tr> <tr> <td>JOHN F. PORTER</td> <td>Aug 6, 1991</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Title</td> </tr> <tr> <td>JOHN F. PORTER</td> <td>PRESIDENT</td> </tr> </table>			Signature	Date	JOHN F. PORTER	Aug 6, 1991	Name (Typed or Printed)	Title	JOHN F. PORTER	PRESIDENT																
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