	INSTR	UCTIONS ON REVERSE SIDE		i we e
, and the same and		oration Annual Report Form	2. Registered Agent ar	nd Office NOT A P.O. BOX
Return To Secretary of State Room 203, Statehouse Boise, ID 83720	Due No Later Than November 1,1991 1 Mailing Address - Please Correct II Not Correct		JOHN PARRY 485 E. STREET IDAHO FALLS ID 83401 3. Incorporated Under The Laws of	
	SCOTT-MURDOCK, INC. PARPY & NELSON 485 E STREET			
4. Names and Addresses of Officer	s and Directors			######################################
	Name	Street or P.O. Address	City	State Zip
President: THOMAS J N Secretary: LOIS S M Directore:	•	1762 No. 700 WEST 1762 No 700 WEST		Ut 84664 UT 84664
5. Nature of Business	6. I certify true, co	that this Annual Report has been exprect and complete.	kamined by me and is to the	e best of my knowledge
FARMING	Signature Name (Typ)		Date Date Title P	7-14-91 RESTORNE