INSTRUCTIONS ON REVERSE SIDE PLEASE TYPE OR PRINT

No.	Idaho Corporation Annual Report Form *Due No Later Than November 1,* 1992	2. Registered Agent and Office NOT A P.O. BOX
Return To **Secretary of State** **Room 203, Statehouse** **Boise, ID 83720** * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address — *Please Correct If Not Correct* PINE HILLS FUNERAL CHAPEL, INC. LYLE A. STROTTMAN P.O. BOX 307 OROFINO ID 83544 0000	LYLE A. STROTTMAN 939 MICH. AVE. OROFINO ID 83544 3. Incorporated Under The Laws of NO: 34288

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Zip
President:	Joellen Strottmann	P.O. Box 307 / 150 Highland Crt	Orofino	ID	83544
Secretary:	Lyle Strottmann	P.O. Box 307 / 150 Highland Crt	Orofino	ID	83544
~~Director~~					
V/P	Lori Mael	Box 2521	Orofino	ID	83544

5. Nature of Business

Funeral Home

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 Joellen Strottmann Date 7-9-92

Name (Typed or Printed) JOELLEN STROTTMANN Title President