

No. C 104045	Idaho Corporation Annual Report Form Due No Later Than November 1,	2. Registered Agent and Office
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 REINSTATEMENT FEE 20.00		1. Mailing Address — Please Correct PHOENIX SERVICES, INC. MICHAEL KOLB PO BOX 535 SUN VALLEY ID 83353

4. Names and Addresses of Officers and Directors					
	Name	Street or P.O. Address	City	State	Zip
President:	<i>Michael Kolb</i>	<i>P.O. Box 535</i>	<i>Sun Valley</i>	<i>ID</i>	<i>83353</i>
Secretary:	<i>Patricia Kolb</i>	<i>P.O. Box 535</i>	<i>Sun Valley</i>	<i>ID</i>	<i>83353</i>
Directors:	<i>William Kolb</i>	<i>P.O. Box 535</i>	<i>Sun Valley</i>	<i>ID</i>	<i>83353</i>

5. Nature of Business <i>Business Services</i>	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>Michael K. Kolb</i> Date <i>2/13/97</i> Name (Typed or Printed) <i>Michael K. Kolb</i> Title <i>President</i>
---	--