

No. 65614	Idaho Corporation Annual Report Form		2. Registered Agent and Office																										
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Due No Later Than November 1, 1990		GARY VAN KOMEN																										
	1. Mailing Address — Please Correct		415 RAILROAD AVENUE																										
VAN KOMEN, CHARTERED GARY VAN KOMEN P. O. BOX 849 MCCALL ID 83638		MCCALL ID 83638																											
		3. Incorporated Under The Laws of ID NO: 065614																											
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>GARY VAN KOMEN</td> <td>P.O. BOX 849</td> <td>McCall</td> <td>ID</td> <td>83638</td> </tr> <tr> <td>Secretary:</td> <td>Judy " "</td> <td>" "</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td>GARY VAN KOMEN</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:	GARY VAN KOMEN	P.O. BOX 849	McCall	ID	83638	Secretary:	Judy " "	" "	"	"	"	Directors:	GARY VAN KOMEN	"	"	"	"
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Directors:	GARY VAN KOMEN	"	"	"	"																								
5. Nature of Business CPA PRACTICE		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>Gary Van Komen</i> Date: 7-13-90 Name (Typed or Printed): GARY VAN KOMEN Title: Pres																											