Room 203, Statehouse Boise, ID 837200 SEC. OF STATE NO FEE REQUIRED NO FEE REQUIRED 4. Name No Addresses of Officers and Directors Name Street or P.O. Address ONALD V. PETERS 1415 SOUTH FIFTH AVENUE 3. Incorporated Under The Laws of ID AHO NO: 44576		• ·	INSTRUCTIONS ON REVERSE SIDE	ISSUED JULY 1, 1989
Secretary of State Room 203, Statehouse Boise, ID 8372(ED) SEC. OF STATE NO FEE REQUIRED OQUILITY 11 AM 100 1 POCATELLO ID AHO NO: 44576 Name Street or P.O. Address OR JUNES OF STATE President: Secretary: Directors: Secretary: Directors: 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 Signature Signature August 10 B 3201 POCATELLO ID AHO ID 83201 NO: 44576 August 20 Signature OR JUNES OF THE AUGUST AUgust 20 OR JUNES OF THE AUgus		No.	- · · · · · · · · · · · · · · · · · · ·	DONALD V. PETERS
SEC. OF STATE NO FEE REQUIRED POCATELLO IDAHO 10 83201 NO: 44576 4. Names and Addresses of Officers and Directors Name Street or P.O. Address City State Secretary: Directors: 5. Nature of Business 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 S	• • • • • • • • • • • • • • • • • • •	Secretary of State Room 203, Statehouse	D & D PETERS CORPORATION	
4. Names and Addresses of Officers and Directors Name Street or P.O. Address City State Zip President: Secretary: Directors: 5. Nature of Business 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 Signature Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.	ј ј. • .	SEC. OF STATE		of IDAHO
President: Secretary: Directors: 5. Nature of Business 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 Signature Signature Signature Signature Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature Date 7-10 - 89	.5	4. Names and Addresses of Office	Name Street or P.O. Address	City State Zip
true, correct and complete. Signature Simulation Situation Date 7-10-89		President: Secretary: Directors:	20 V. Parries 1415. So 574	Aux Posserio (0 8320)
true, correct and complete. Signature Simulation Situation Date 7-10-89				
true, correct and complete. Signature Simulation Situation Date 7-10-89				
1 Ognation		5. Nature of Business	two porroot and complete	
		Morse	Olgi lataro Z	