

INSTRUCTIONS ON REVERSE SIDE

No. 103133 Return To Secretary of State Room 203, Statehouse Boise, ID 83720 Forfeited 12/1/94 REINSTATEMENT FEE: \$20.00	Idaho Corporation Annual Report Form Due No Later Than November 1, 1994 1. Mailing Address — Please Correct THOMAS LIQUIDATOR CONSULTANTS, INC. THOMAS AMADOR 814 LINDEN BOISE ID 83704	2. Registered Agent and Office THOMAS AMADOR 814 LINDEN BOISE ID 83704 3. Incorporated Under The Laws of ID																								
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>THOMAS AMADOR</td> <td>1208 Camelot</td> <td>Boise</td> <td>Id</td> <td>83706</td> </tr> <tr> <td>Secretary:</td> <td>RICHARD A. PRESNELL</td> <td>Boise Id</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td colspan="5">THOMAS AMADOR & RICHARD A. PRESNELL</td> </tr> </tbody> </table>				Name	Street or P.O. Address	City	State	Zip	President:	THOMAS AMADOR	1208 Camelot	Boise	Id	83706	Secretary:	RICHARD A. PRESNELL	Boise Id				Directors:	THOMAS AMADOR & RICHARD A. PRESNELL				
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Directors:	THOMAS AMADOR & RICHARD A. PRESNELL																									
5. Nature of Business STAFFING SERVICE	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="0"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>6/14/91</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Thomas Amador</td> <td>Title</td> <td>President</td> </tr> </table>		Signature		Date	6/14/91	Name (Typed or Printed)	Thomas Amador	Title	President																
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