

No. 78435	Idaho Corporation Annual Report Form		2. Registered Agent and Office THOMAS LEEMING 104 JUNIPER																					
Return To	Due No Later Than November 1, 1989																							
Secretary of State Room 203, Statehouse Boise, ID 83720 RECEIVED NO FEE REQUIRED 89 AUG 2 AM 9 28 89 JUL 20 AM 9 28	1. Mailing Address — Please Correct 78435																							
	PARALLEL DIMENSIONS, INC. THOMAS LEEMING P.O. BOX 2776 SUN VALLEY ID 83353	3. Incorporated Under The Laws of IDAHO NO: 78435																						
4. Names and Addresses of Officers and Directors																								
<table border="1"> <thead> <tr> <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: THOMAS L. LEEMING</td> <td>P.O. Box 2776</td> <td>SUN VALLEY</td> <td>ID</td> <td>83353</td> </tr> <tr> <td>Secretary: ANNE PEMBERTON</td> <td>P.O. Box 2616</td> <td>HAILEY</td> <td>ID</td> <td>83333</td> </tr> <tr> <td>Directors: LYNN A. LEEMING</td> <td>P.O. Box 2776</td> <td>SUN VALLEY</td> <td>ID</td> <td>83353</td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President: THOMAS L. LEEMING	P.O. Box 2776	SUN VALLEY	ID	83353	Secretary: ANNE PEMBERTON	P.O. Box 2616	HAILEY	ID	83333	Directors: LYNN A. LEEMING	P.O. Box 2776	SUN VALLEY	ID	83353
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5. Nature of Business Cabinet Maker	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:  Name (Typed or Printed): THOMAS L. LEEMING Date: 7-18-89 Title: PRESIDENT																							