

INSTRUCTIONS ON REVERSE SIDE

No. 55764	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Due No Later Than November 1, 1991		WILLIAM M. SHIPP																									
	1. Mailing Address: <i>Please Correct If Not Correct</i>		503 U.S. HWY 93 NORTH																									
	VARIETIES, INC. WILLIAM M. SHIPP P.O. BOX 574		SALMON ID 83467																									
	SALMON ID 83467		3. Incorporated Under The Laws of ID NO: 055764																									
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>WILLIAM M. SHIPP</td> <td>P.O. BOX 574</td> <td>SALMON</td> <td>IDAHO</td> <td>83467</td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td>TWILENE L. SHIPP-VICE PRES.</td> <td>P.O. BOX 574</td> <td>SALMON</td> <td>IDAHO</td> <td>83467</td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	WILLIAM M. SHIPP	P.O. BOX 574	SALMON	IDAHO	83467	Secretary:						Directors:	TWILENE L. SHIPP-VICE PRES.	P.O. BOX 574	SALMON	IDAHO	83467
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Directors:	TWILENE L. SHIPP-VICE PRES.	P.O. BOX 574	SALMON	IDAHO	83467																							
5. Nature of Business MOTEL		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="1"> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td>  Name (Typed or Printed) WILLIAM M. SHIPP </td> <td>JULY 9, 1991</td> </tr> <tr> <td></td> <td>Title PRES</td> </tr> </table>			Signature	Date	 Name (Typed or Printed) WILLIAM M. SHIPP	JULY 9, 1991		Title PRES																		
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