| o. c123049                         | Annual Report Form                                  | 2. Registered Agent                | and Office NOT A P.O. BOX |
|------------------------------------|---|------------------------------------|---------------------------|
| eturn to:                          | Total Hovelinger 30,                                |                                    | and Ornes NUT A P.U. BUX  |
| SECRETARY OF STATE                 | 1. Mailing Address - Please Correct, if Not Correct | LYNN D PRICE<br>375 WEST 700 NORTH |                           |
| 700 WEST JEFFERSON<br>PO BOX 83720 | MALAD DRIVE IN. INC.                                | T SIN CIC                          | 700 NORTH                 |
| BOISE, ID 83720-0080               | LYNN D PRICE  |                                    |                           |
| NO FEE REQUIRED                    | 375 WEST 700 NORTH                                  | MALAD                              | ID 83252                  |
| A-1                                | 1 PO BOX 86   | 3. Organized Under                 | the Laws of:              |
| FIRST NOTICE +                     | MALAD ID 83252                                      | ľ                                  |                           |
| Corporations: Enter Names an       | d Rusinese Addresses + 5                            | I D                                | <u> </u>                  |
| Limited Liability Companies: E     | nter Names and Addresses of Managers or Member      | rs (check one)                     |                           |
| Office held Name                   |   | . D forteck differ                 |                           |
| \                                  |   | <u>City</u>                        | State Zip                 |
| resident Ly                        | nn Drice POBOX86                                    | لمام                               | Th 02123                  |
| ,                                  | TO SON GO   | "I WHOLE                           | +10 830434                |
|                                    |   | -                                  | <u>.</u>                  |
|                                    |   | •                                  |                           |
|                                    |   | •                                  |                           |
|                                    |   | ·                                  |                           |
|                                    |   | ·                                  |                           |
|                                    |   | ·                                  |                           |
|                                    |   | ·                                  |                           |
|                                    |   | ·                                  |                           |
| ignature of New Registere          | d Agent 6.  |                                    |                           |
| ignature of New Registered         | d Agent 6.  |                                    |                           |
| gnature of New Registered          |   | 7                                  | 115/99                    |
| gnature of New Registered          | Signature 1   | Date 7                             | 115/99                    |
|                                    | Signature 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1     | Date —                             | /15/99<br>YSIDENT         |
|                                    | Signature 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1     | Title Pr                           |                           |
| gnature of New Registered          | Signature 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1     | Title Pr                           | /15/99<br>PSIDENT         |
|                                    | Signature 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1     | Title Pr                           |                           |
|                                    | Signature 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1     | Title Pr                           |                           |