

No. 101479	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1993		2. Registered Agent and Office <b>NOT A P.O. BOX</b> MICHELLE L DICKMAN 1821 SHERMAN AVE  COEUR D'ALENE ID 83814																									
Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  <b>** FINAL NOTICE **</b> <b>NO FEE REQUIRED</b>	1. Mailing Address SMART SHOP SOFTWARE, INC. MICHELLE L DICKMAN 1821 SHERMAN AVE  COEUR D'ALENE ID 83814		3. Incorporated Under The Laws of ID NO: 101479																									
4. Names and Addresses of Officers and Directors <b>MUST BE PRINTED OR TYPED</b> <table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Michelle L. Dickman</td> <td>906 Riverside Harbor Dr. W</td> <td>Post Falls</td> <td>ID</td> <td>83854</td> </tr> <tr> <td>Secretary:</td> <td>Michael A. Maloof</td> <td>906 Riverside Harbor Dr. W</td> <td>Post Falls</td> <td>ID</td> <td>83854</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Michelle L. Dickman	906 Riverside Harbor Dr. W	Post Falls	ID	83854	Secretary:	Michael A. Maloof	906 Riverside Harbor Dr. W	Post Falls	ID	83854	Directors:					
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																							
President:	Michelle L. Dickman	906 Riverside Harbor Dr. W	Post Falls	ID	83854																							
Secretary:	Michael A. Maloof	906 Riverside Harbor Dr. W	Post Falls	ID	83854																							
Directors:																												
5. Nature of Business Software Publishing		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 Name (Typed or Printed)</td> <td>Date</td> </tr> <tr> <td>Michael A. Maloof</td> <td>10/14/93</td> </tr> </table>			Signature Name (Typed or Printed)	Date	Michael A. Maloof	10/14/93																				
Signature Name (Typed or Printed)	Date																											
Michael A. Maloof	10/14/93																											