

No. C102119	Annual Report Form Due No Later Than November 30, 1997		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct SWM, INC. SAM MORFORD PO BOX 2744		SAM MORFORD 927 JOHNSON AVE OROFINO ID 83544 3. Organized Under the Laws of:																			
* FIRST NOTICE * OROFINO ID 83544 ID C102119																						
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																						
<table border="1"> <thead> <tr> <th>Office held</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>Sam Morford</td> <td>PO Box 148</td> <td>Orofino</td> <td>ID</td> <td>83544</td> </tr> <tr> <td>Secretary</td> <td>Laurie Morford</td> <td>PO Box 148</td> <td>Orofino</td> <td>ID</td> <td>83544</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	Sam Morford	PO Box 148	Orofino	ID	83544	Secretary	Laurie Morford	PO Box 148	Orofino	ID	83544
Office held	Name	Street or P.O. Address	City	State	Zip																	
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5.	6. <table border="1"> <tr> <td>Signature</td> <td><u>Laurie J. Morford</u></td> <td>Date</td> <td><u>10/15/97</u></td> </tr> <tr> <td>Name (Typed or Printed)</td> <td><u>Laurie J. Morford</u></td> <td>Title</td> <td><u>Secretary</u></td> </tr> </table>				Signature	<u>Laurie J. Morford</u>	Date	<u>10/15/97</u>	Name (Typed or Printed)	<u>Laurie J. Morford</u>	Title	<u>Secretary</u>										
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Name (Typed or Printed)	<u>Laurie J. Morford</u>	Title	<u>Secretary</u>																			

ISSUED: 07-04-1997

DO NOT TAPE OR STAPLE

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