

| No. 082944 | Idaho Corporation Annual Report Form | | 2. Registered Agent and Office | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|-------|-------|------|------------------------|------|-------|-----|------------|----------------|---------------|-------|-------|-------|------------|------------------|---------------|-------|-------|-------|------------|--|--|--|--|--|
| Return To Secretary of State Room 203, Statehouse Boise, ID 83720 87 SEP 13 1987 | Due No Later Than November 1, 1987 | | TRAVIS L. JOHNSON P.O. BOX 1503 IDAHO FALLS, ID 83402 CJO | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1. Mailing Address — Please Correct 082944 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | TLJ, INC. TRAVIS L. JOHNSON P.O. BOX 1503 IDAHO FALLS, ID 83402 | | 3. Incorporated Under The Laws of STATE OF IDAHO | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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>Travis Johnson</td> <td>P.O. Box 1503</td> <td>L. F.</td> <td>Idaho</td> <td>83403</td> </tr> <tr> <td>Secretary:</td> <td>Kathleen Johnson</td> <td>P.O. Box 2587</td> <td>L. F.</td> <td>Idaho</td> <td>83403</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | | | Name | Street or P.O. Address | City | State | Zip | President: | Travis Johnson | P.O. Box 1503 | L. F. | Idaho | 83403 | Secretary: | Kathleen Johnson | P.O. Box 2587 | L. F. | Idaho | 83403 | Directors: | | | | | |
| | Name | Street or P.O. Address | City | State | Zip | | | | | | | | | | | | | | | | | | | | | | | |
| President: | Travis Johnson | P.O. Box 1503 | L. F. | Idaho | 83403 | | | | | | | | | | | | | | | | | | | | | | | |
| Secretary: | Kathleen Johnson | P.O. Box 2587 | L. F. | Idaho | 83403 | | | | | | | | | | | | | | | | | | | | | | | |
| Directors: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Nature of Business cafreshness nhlse | | 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 <u>Kathleen Johnson</u> Date <u>8-27-87</u> Name (Typed or Printed) <u>Kathleen Johnson</u> Title <u>Sec/corp</u> | | | | | | | | | | | | | | | | | | | | | | | | | | |

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