|   |   | INSTRUCTION   | NS ON RE                | VERSE SID   | E            | ISSUED J  |   |                            | ·   |  |
|---|---|---|-------------------------|---|--------------|---|---|----------------------------|---|--|
| No. 84327   | Idaho   | Idaho Corporation Annual Report Form                    |                         |   |              |   | 2. Registered Agent and Office C T CORPORATION SYSTEM |                            |   |  |
| Return To   | Due No Later Than November 1,1989  1. Mailing Address — Please Correct 84327  CONCESSION AIR CORPORATION TAX DEPARTMENT |   |                         |   |              | 300 NORTH 6TH STREET                                |   |                            |   |  |
| Secretary of State Room 203, Statehouse Boise, ID 83720 SEC. OF STATE |   |   |                         |   |              | BOISE   |   |                            | to 8370°                                  |  |
|   | 700 DELA  | NUE   | i 4 /                   | 3. Incorporated Under The of DELAWARE               |              | The Laws  | ne Laws   |                            |   |  |
| 39 NOV FEE PROGIMED   | BUFFALO   | ,   |                         | NY 14   | ¥209         |   |   | NO:                        | 84327                                     |  |
| 4. Names and Addresses of Office                                      | ers and Directors   | 3   |                         |   |              |   |   |                            |   |  |
| 3.1   | <u>Name</u>   |   | <u>Ştreet o</u>         | P.O. Addre  | <u>ss</u>    | City  |   | <u>State</u>               | <u>Zip</u>                                |  |
| President: MI Secretary: CL Directors: MI                             | CHAEL F. TH<br>IFFORD R. K<br>CHAEL F. TH<br>IFFORD R. K<br>HN M. CARTE   | AESER<br>OMPSON<br>AESER                                | 700 D<br>700 D<br>700 D | ELAWARE<br>ELAWARE<br>ELAWARE<br>ELAWARE<br>ELAWARE | AVE.<br>AVE. | BUFFALO<br>BUFFALO<br>BUFFALO<br>BUFFALO<br>BUFFALO |   | NY<br>NY<br>NY<br>NY<br>NY | 14209<br>14209<br>14209<br>14209<br>14209 |  |
|   |   |   |                         |   |              |   | a cysteprojekie                                       |                            |   |  |
| 5. Nature of Business   | 6.  | certify that th   | nis Annual              | Report has  | been exa     | mined by me an                                      | d is to the   | ne best of my k            | nowledge                                  |  |
| CONCESSIONS   | 1   | true, correct as<br>Signature X —<br>Name (Typed or CL) |                         | Leve  | ER           | ·   |   | OCTOBER 27,                |   |  |