

INSTRUCTIONS ON REVERSE SIDE

No. 90276	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991		2. Registered Agent and Office NOT A P.O. BOX																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 ** FINAL NOTICE ** NO FEE REQUIRED	1. Mailing Address Please Correct If Not Correct		CHARLOTTE MYERS 496 ADDISON AVE. W. TWIN FALLS ID 83301																									
	C.T.H.M., INC. CHARLOTTE MYERS 496 ADDISON AVE. W. TWIN FALLS ID 83301 0000		3. Incorporated Under The Laws of ID NO: 090276																									
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>CHARLOTTE MYERS</td> <td>496 Addison Ave. W</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Secretary:</td> <td>TINA MYERS</td> <td>496 Addison Ave. W</td> <td>Twin Falls,</td> <td>ID</td> <td>83301</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:	CHARLOTTE MYERS	496 Addison Ave. W	Twin Falls	ID	83301	Secretary:	TINA MYERS	496 Addison Ave. W	Twin Falls,	ID	83301	Directors:					
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Directors:																												
5. Nature of Business RETAIL SALES OF ALCOHOL BEVERAGES		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="0"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>10-22-91</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>CHARLOTTE MYERS</td> <td>Title</td> <td>PRESIDENT</td> </tr> </table>			Signature		Date	10-22-91	Name (Typed or Printed)	CHARLOTTE MYERS	Title	PRESIDENT																
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