

No. <b>86419</b>	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1990	2. Registered Agent and Office
Return To <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  <b>NO FEE REQUIRED</b>	1. Mailing Address — Please Correct	<b>CHARLTON MILLS</b> <b>517 NORTH FOURTH AVENUE</b>  <b>SANDPOINT ID 83864 92</b>
	<b>ELLISPORT, INC.</b> <b>NORMAN RIFFE</b> <b>P.O. BOX 177</b>  <b>HOPE ID 83836</b>	3. Incorporated Under The Laws of <b>ID</b>  <b>NO: 086419</b>

## 4. Names and Addresses of Officers and Directors

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	<i>NORMAN T. RIFFE</i>	<i>1300 Red Fir Rd.</i>	<i>HOPE</i>	<i>ID.</i>	<i>83836</i>
Secretary:	<i>LARRY T. RIFFE</i>	<i>P.O. Box 177</i>	<i>"</i>	<i>"</i>	<i>"</i>
Directors:	<i>NORMAN T. RIFFE</i>	<i>1300 Red Fir Rd.</i>	<i>HOPE</i>	<i>ID.</i>	<i>83836</i>
	<i>LARRY T. RIFFE</i>	<i>P.O. Box 177</i>	<i>"</i>	<i>"</i>	<i>"</i>
	<i>JUDY C. RIFFE</i>	<i>" " "</i>	<i>"</i>	<i>"</i>	<i>"</i>

## 5. Nature of Business

*MAR. 1991*

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

Name (Typed or Printed)

*Norman T. Riffe*  
**NORMAN T. RIFFE**

Date

*8/20/91*

Title

*PRESIDENT*