

| <b>No. C 115412</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Due no later than Jun 30, 2001</b><br><b>Annual Report Form</b>                                                                               |                               | 2. Registered Agent and Office <b>NO PO BOX</b>  |                    |             |                               |             |              |            |           |            |              |       |    |       |                |            |             |          |    |       |           |                |                |         |    |       |          |               |              |         |    |       |          |             |                |         |    |       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------|--------------------|-------------|-------------------------------|-------------|--------------|------------|-----------|------------|--------------|-------|----|-------|----------------|------------|-------------|----------|----|-------|-----------|----------------|----------------|---------|----|-------|----------|---------------|--------------|---------|----|-------|----------|-------------|----------------|---------|----|-------|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1. Mailing Address - Correct in this box, if applicable<br>NOVA PLASMA TECHNOLOGIES INCORPORA<br>SONNE WARD<br>PO BOX 235<br><br>HAMER, ID 83425 |                               | SONNIE WARD<br>PO BOX 235<br><br>HAMER, ID 83425 |                    |             |                               |             |              |            |           |            |              |       |    |       |                |            |             |          |    |       |           |                |                |         |    |       |          |               |              |         |    |       |          |             |                |         |    |       |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3. <u>New</u> Registered Agent Signature                                                                                                         |                               |                                                  |                    |             |                               |             |              |            |           |            |              |       |    |       |                |            |             |          |    |       |           |                |                |         |    |       |          |               |              |         |    |       |          |             |                |         |    |       |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Sonne Ward</td> <td>P.O. Box 235</td> <td>Hamer</td> <td>ID</td> <td>83425</td> </tr> <tr> <td>Vice-President</td> <td>Josee Ward</td> <td>P.O. Box 44</td> <td>Terreton</td> <td>ID</td> <td>83450</td> </tr> <tr> <td>Secretary</td> <td>Lionel V. Koon</td> <td>7455 W. 4000S.</td> <td>Rexburg</td> <td>ID</td> <td>83440</td> </tr> <tr> <td>Director</td> <td>Leslie Walker</td> <td>33 N. 5th W.</td> <td>Rexburg</td> <td>ID</td> <td>83440</td> </tr> <tr> <td>Director</td> <td>Anita Clark</td> <td>7255 W. 4000S.</td> <td>Rexburg</td> <td>ID</td> <td>83440</td> </tr> </tbody> </table> |                                                                                                                                                  |                               |                                                  | <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | President | Sonne Ward | P.O. Box 235 | Hamer | ID | 83425 | Vice-President | Josee Ward | P.O. Box 44 | Terreton | ID | 83450 | Secretary | Lionel V. Koon | 7455 W. 4000S. | Rexburg | ID | 83440 | Director | Leslie Walker | 33 N. 5th W. | Rexburg | ID | 83440 | Director | Anita Clark | 7255 W. 4000S. | Rexburg | ID | 83440 |
| <u>Office held</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u>Name</u>                                                                                                                                      | <u>Street or P.O. Address</u> | <u>City</u>                                      | <u>State</u>       | <u>Zip</u>  |                               |             |              |            |           |            |              |       |    |       |                |            |             |          |    |       |           |                |                |         |    |       |          |               |              |         |    |       |          |             |                |         |    |       |
| President                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Sonne Ward                                                                                                                                       | P.O. Box 235                  | Hamer                                            | ID                 | 83425       |                               |             |              |            |           |            |              |       |    |       |                |            |             |          |    |       |           |                |                |         |    |       |          |               |              |         |    |       |          |             |                |         |    |       |
| Vice-President                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Josee Ward                                                                                                                                       | P.O. Box 44                   | Terreton                                         | ID                 | 83450       |                               |             |              |            |           |            |              |       |    |       |                |            |             |          |    |       |           |                |                |         |    |       |          |               |              |         |    |       |          |             |                |         |    |       |
| Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Lionel V. Koon                                                                                                                                   | 7455 W. 4000S.                | Rexburg                                          | ID                 | 83440       |                               |             |              |            |           |            |              |       |    |       |                |            |             |          |    |       |           |                |                |         |    |       |          |               |              |         |    |       |          |             |                |         |    |       |
| Director                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Leslie Walker                                                                                                                                    | 33 N. 5th W.                  | Rexburg                                          | ID                 | 83440       |                               |             |              |            |           |            |              |       |    |       |                |            |             |          |    |       |           |                |                |         |    |       |          |               |              |         |    |       |          |             |                |         |    |       |
| Director                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Anita Clark                                                                                                                                      | 7255 W. 4000S.                | Rexburg                                          | ID                 | 83440       |                               |             |              |            |           |            |              |       |    |       |                |            |             |          |    |       |           |                |                |         |    |       |          |               |              |         |    |       |          |             |                |         |    |       |
| 5. Organized Under the Laws of:<br><br>IDAHO<br>C 115412                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 6. Signature <u>Sonne Ward</u> Date <u>6-25-01</u><br>Name (Typed or Printed) <u>Sonne Ward</u> Title: <u>President</u>                          |                               |                                                  |                    |             |                               |             |              |            |           |            |              |       |    |       |                |            |             |          |    |       |           |                |                |         |    |       |          |               |              |         |    |       |          |             |                |         |    |       |