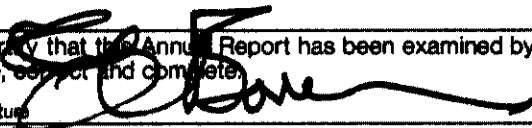
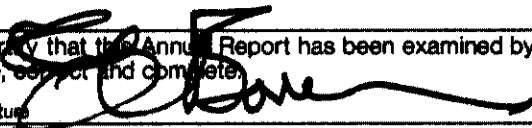
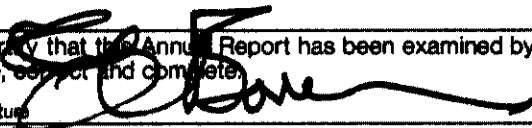


INSTRUCTIONS ON REVERSE SIDE

No. 72608	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991		2. Registered Agent and Office NOT A P.O. BOX E. F. BOVERMANN II 4747 ALBION WOODS, STE. R BOISE ID 83705																				
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 ** FINAL NOTICE ** NO FEE REQUIRED	1. Mailing Address — Please Correct, If Not Correct STP, INC. E. F. BOVERMANN II 4747 ALBION WOODS, STE. R BOISE ID 83705 0000		3. Incorporated Under The Laws of ID NO: 072608																				
	4. Names and Addresses of Officers and Directors <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: center;"><u>Name</u></th> <th style="text-align: center;"><u>Street or P.O. Address</u></th> <th style="text-align: center;"><u>City</u></th> <th style="text-align: center;"><u>State</u></th> <th style="text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President: E. F. BOVERMANN</td> <td>SAME AS #2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President: E. F. BOVERMANN	SAME AS #2				Secretary:					Directors:			
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President: E. F. BOVERMANN	SAME AS #2																						
Secretary:																							
Directors:																							
5. Nature of Business TRAINING PROGRAMS	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" style="width: 100%;"> <tr> <td style="width: 50%;"> Signature  Name (Printed) E. F. BOVERMANN II </td> <td style="width: 50%;"> Date 10-31-91 Title PRES. </td> </tr> </table>			Signature  Name (Printed) E. F. BOVERMANN II	Date 10-31-91 Title PRES.																		
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