

| No. <b>C116243</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Annual Report Form</b> <b>1997</b><br><i>Due No Later Than November 30.</i>                                                                                        |                                                                                                                                                | 2. Registered Agent and Office <b>NOT A P O BOX</b><br><br><b>PAUL WELLS</b><br><b>6541 S MAIN ST</b><br><br><b>BONNERS FERRY ID 83805</b> |              |                    |             |                               |             |              |            |           |            |             |               |    |       |           |                |               |               |    |       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------|-------------|-------------------------------|-------------|--------------|------------|-----------|------------|-------------|---------------|----|-------|-----------|----------------|---------------|---------------|----|-------|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FEE REQUIRED</b><br><br><b>* FIRST NOTICE *</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1. Mailing Address Please Correct, If Not Correct<br><br><b>EAGLET VENTURES, INC.</b><br><b>PAUL WELLS</b><br><b>PO BOX 1534</b><br><br><b>BONNERS FERRY ID 83805</b> |                                                                                                                                                | 3. Organized Under the Laws of<br><br><b>ID C116243</b>                                                                                    |              |                    |             |                               |             |              |            |           |            |             |               |    |       |           |                |               |               |    |       |
| 4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b><br>Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                       |                                                                                                                                                |                                                                                                                                            |              |                    |             |                               |             |              |            |           |            |             |               |    |       |           |                |               |               |    |       |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 20%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 15%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Paul Wells</td> <td>PO Box 1534</td> <td>Bonnors Ferry</td> <td>ID</td> <td>83805</td> </tr> <tr> <td>Secretary</td> <td>Charlene Wells</td> <td>P.O. Box 1534</td> <td>Bonnors Ferry</td> <td>ID</td> <td>83805</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 | Paul Wells | PO Box 1534 | Bonnors Ferry | ID | 83805 | Secretary | Charlene Wells | P.O. Box 1534 | Bonnors Ferry | ID | 83805 |
| <u>Office held</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>Name</u>                                                                                                                                                           | <u>Street or P.O. Address</u>                                                                                                                  | <u>City</u>                                                                                                                                | <u>State</u> | <u>Zip</u>         |             |                               |             |              |            |           |            |             |               |    |       |           |                |               |               |    |       |
| President                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Paul Wells                                                                                                                                                            | PO Box 1534                                                                                                                                    | Bonnors Ferry                                                                                                                              | ID           | 83805              |             |                               |             |              |            |           |            |             |               |    |       |           |                |               |               |    |       |
| Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Charlene Wells                                                                                                                                                        | P.O. Box 1534                                                                                                                                  | Bonnors Ferry                                                                                                                              | ID           | 83805              |             |                               |             |              |            |           |            |             |               |    |       |           |                |               |               |    |       |
| 5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                       | 6.                                                                                                                                             |                                                                                                                                            |              |                    |             |                               |             |              |            |           |            |             |               |    |       |           |                |               |               |    |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                       | Signature <u>Charlene Wells</u> Date <u>7/21/97</u><br><br>Name <small>(Typed or Printed)</small> <u>CHARLENE Wells</u> Title <u>Secretary</u> |                                                                                                                                            |              |                    |             |                               |             |              |            |           |            |             |               |    |       |           |                |               |               |    |       |

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

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