

INSTRUCTIONS ON REVERSE SIDE

No. 52866	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		JAMES RUSSELL FLAMM 419 MORGAN DR. P. O. BOX 36 REXBURG ID 83440																					
4. Names and Addresses of Officers and Directors		<table border="1"> <thead> <tr> <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: JAMES R FLAMM</td> <td>PO BOX 36</td> <td>Rexburg</td> <td>ID</td> <td>83440</td> </tr> <tr> <td>Secretary: Colene R Flamm</td> <td>PO BOX 36</td> <td>Rexburg</td> <td>ID</td> <td>83440</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Name	Street or P.O. Address	City	State	Zip	President: JAMES R FLAMM	PO BOX 36	Rexburg	ID	83440	Secretary: Colene R Flamm	PO BOX 36	Rexburg	ID	83440	Directors:				
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Directors:																								
5. Nature of Business INACTIVE		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="1"> <tr> <td>Signature <i>Jim Flamm</i></td> <td>Date 10-9-91</td> </tr> <tr> <td>Name (Typed or Printed) JIM FLAMM</td> <td>Title Pres</td> </tr> </table>			Signature <i>Jim Flamm</i>	Date 10-9-91	Name (Typed or Printed) JIM FLAMM	Title Pres																
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