

## INSTRUCTIONS ON REVERSE SIDE

No. 75946	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1991		2. Registered Agent and Office NOT A P.O. BOX  WILLIAM B. MCGINNIS 331 2ND AVENUE WEST  TWIN FALLS ID 83301																				
Return To  Secretary of State Room 203, Statehouse Boise, ID 83720  NO FEE REQUIRED	1. Mailing Address — Please Correct, If Not Correct  WILMAC, INC. WILLIAM B. MCGINNIS 1432 MAPLE AVENUE  MODESTO CA 95355		3. Incorporated Under The Laws of ID  NO: 075946																				
	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: <i>William B. McGinnis</i></td> <td><i>331 2nd Ave West</i></td> <td><i>Twin Falls</i></td> <td><i>ID</i></td> <td><i>83301</i></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>				Name	Street or P.O. Address	City	State	Zip	President: <i>William B. McGinnis</i>	<i>331 2nd Ave West</i>	<i>Twin Falls</i>	<i>ID</i>	<i>83301</i>	Secretary:					Directors:			
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Secretary:																							
Directors:																							
5. Nature of Business <i>Retail of commodities</i>	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>William B. McGinnis</i></td> <td>Date <i>7-17-91</i></td> </tr> <tr> <td>Name (Typed or Printed) <i>William B. McGinnis</i></td> <td>Title <i>Pres</i></td> </tr> </table>				Signature <i>William B. McGinnis</i>	Date <i>7-17-91</i>	Name (Typed or Printed) <i>William B. McGinnis</i>	Title <i>Pres</i>															
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