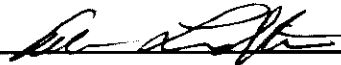


| No. <b>C119836</b>   | <b>Annual Report Form</b><br>Due No Later Than November 30, <b>1999</b> |  | 2. Registered Agent and Office <b>NOT A P.O. BOX</b>   |             |       |                        |      |       |     |       |                 |                |          |    |       |      |                   |      |   |   |   |
|--|---|--|--|-------------|-------|------------------------|------|-------|-----|-------|-----------------|----------------|----------|----|-------|------|-------------------|------|---|---|---|
| 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>   | 1. Mailing Address - Please Correct. If Not Correct                     |  | <b>ALLEN LINDSTROM</b><br><b>4323 SHARON DR</b><br><br><b>MERIDIAN ID 83642</b>  |             |       |                        |      |       |     |       |                 |                |          |    |       |      |                   |      |   |   |   |
|  | <b>MOTOR TRENDS INCORPORATED</b><br><br><b>4323 SHARON DR</b>           |  | 3. Organized Under the Laws of:<br><br><div style="display: flex; justify-content: space-between;"> <span>ID</span> <span><b>C119836</b></span> </div> |             |       |                        |      |       |     |       |                 |                |          |    |       |      |                   |      |   |   |   |
|  | <b>MERIDIAN ID 83642</b>  |  |  |             |       |                        |      |       |     |       |                 |                |          |    |       |      |                   |      |   |   |   |
| <b>** FINAL NOTICE **</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: 10%;">Office held</th> <th style="text-align: left; width: 30%;">Name</th> <th style="text-align: left; width: 35%;">Street or P.O. Address</th> <th style="text-align: left; width: 10%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 5%;">Zip</th> </tr> </thead> <tbody> <tr> <td>PRES.</td> <td>ALLEN LINDSTROM</td> <td>4323 SHARON DR</td> <td>MERIDIAN</td> <td>ID</td> <td>83642</td> </tr> <tr> <td>SEC.</td> <td>LORETTA LINDSTROM</td> <td>SAME</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table> |   |  |  | Office held | Name  | Street or P.O. Address | City | State | Zip | PRES. | ALLEN LINDSTROM | 4323 SHARON DR | MERIDIAN | ID | 83642 | SEC. | LORETTA LINDSTROM | SAME | " | " | " |
| Office held  | Name  | Street or P.O. Address   | City   | State       | Zip   |                        |      |       |     |       |                 |                |          |    |       |      |                   |      |   |   |   |
| PRES.  | ALLEN LINDSTROM   | 4323 SHARON DR   | MERIDIAN   | ID          | 83642 |                        |      |       |     |       |                 |                |          |    |       |      |                   |      |   |   |   |
| SEC.   | LORETTA LINDSTROM   | SAME   | "  | "           | "     |                        |      |       |     |       |                 |                |          |    |       |      |                   |      |   |   |   |
| 5. <u>New</u> Registered Agent Signature   |   | 6.   |  |             |       |                        |      |       |     |       |                 |                |          |    |       |      |                   |      |   |   |   |
|  |   | Signature <u></u> Date _____ |  |             |       |                        |      |       |     |       |                 |                |          |    |       |      |                   |      |   |   |   |
|  |   | Name <small>(Typed or Printed)</small> <u>ALLEN LINDSTROM</u> Title <u>PRES</u>                                |  |             |       |                        |      |       |     |       |                 |                |          |    |       |      |                   |      |   |   |   |

ISSUED: 10-01-1999

5807