Return to:		
	Annual Report Form	2. Registered Agent and Office NO PO E
SECRETARY OF STATE	1. Mailing Address - Correct in this box if an	VERNON K. SMITH
700 WEST JEFFERSON	OLIVER SUNKISE LID.	1900 MAIN ST
PO BOX 83720	VERNON K SMITH	ROISE ID 82700
BOISE, ID 83720-0080	1900 MAIN ST	BOISE, ID 83702
NO FILING FEE IF	BOISE, ID 83702	2 N -
	DOIOE, ID 83702	3. New Registered Agent Signature
4. Corporations: Enter Nat		
4. Corporations: Enter Nar	nes and Business Addresses of Presider	nt. Secretary and Directors
Office held Name		The second and bilectors.
	Street or P.O. Address	<u>City</u> <u>State</u> <u>Zip</u>
President Robert	L. Drinkard 17488 Eram	
Secretary Robert		nklin Rd. Nampa, ID 83686
Director Robert		nklin Rd. Nampa, ID 83686
	2. Drinkard 1/488 Fran	nklin Rd. Nampa, ID 83686
5. Organized Under the Laws of: IDAHO C 100865	6. Signature	Date _/_23-0/
Issued 11/01/2000	Name (Typed or Printed) Do Not Tape or Staple	XRX%