

INSTRUCTIONS ON REVERSE SIDE

No. 30862	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX THOMAS G. FITZPATRICK 1004 ALDER																									
Return To	Due No Later Than November 30, 1995		1004 ALDER																									
Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address -- Please Correct If Not Correct ORCHARD LANES, INC. THOMAS G. FITZPATRICK 244 THAIN RD. LEWISTON ID 83501		LEWISTON ID 83501																									
			3. Incorporated Under The Laws of ID NO: 30862																									
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Thomas Fitzpatrick</td> <td>1004 Alder</td> <td>Lewiston</td> <td>ID</td> <td>83501</td> </tr> <tr> <td>Secretary:</td> <td>Michael D. Fitzpatrick</td> <td>1008 Alder</td> <td>Lewiston</td> <td>ID</td> <td>83501</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Postal Code	President:	Thomas Fitzpatrick	1004 Alder	Lewiston	ID	83501	Secretary:	Michael D. Fitzpatrick	1008 Alder	Lewiston	ID	83501	Directors:					
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Directors:																												
5. Nature of Business Bowling Center	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Virginia Fitzpatrick</u> Date <u>7-12-95</u> Name (Typed or Printed) <u>Virginia Fitzpatrick</u> Title <u>bookkeeper</u>																											