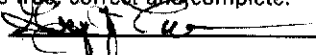


No. C109063	Annual Report Form <i>Due No Later Than November 30, 1996</i>		2. Registered Agent and Office NOT A P.O. BOX																														
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct LOVE-WILKINSON ENTERPRISES, GREGORY Z LOVE 601 E SELTICE WAY STE 73 902 SHORELINE DRIVE POST FALLS ID 83854		GREGORY Z LOVE 601 E SELTICE WAY STE 73 902 SHORELINE DRIVE POST FALLS ID 83854																														
	3. Organized Under the Laws of:		ID C109063																														
* FIRST NOTICE *																																	
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Office held</th> <th style="width: 20%;">Name</th> <th style="width: 30%;">Street or P.O. Address</th> <th style="width: 15%;">City</th> <th style="width: 10%;">State</th> <th style="width: 15%;">Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>KENNETH A WILKINSON</td> <td>807 E OSPREY</td> <td>POST FALLS</td> <td>ID</td> <td>83854</td> </tr> <tr> <td>SECRETARY</td> <td>GREGORY Z LOVE</td> <td>902 SHORELINE DR</td> <td>POST FALLS</td> <td>ID</td> <td>83854</td> </tr> <tr> <td>DIRECTOR</td> <td>KENNETH A WILKINSON</td> <td>807 E OSPREY</td> <td>POST FALLS</td> <td>ID</td> <td>83854</td> </tr> <tr> <td>DIRECTOR</td> <td>GREGORY Z LOVE</td> <td>902 SHORELINE DR</td> <td>POST FALLS</td> <td>ID</td> <td>83854</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	KENNETH A WILKINSON	807 E OSPREY	POST FALLS	ID	83854	SECRETARY	GREGORY Z LOVE	902 SHORELINE DR	POST FALLS	ID	83854	DIRECTOR	KENNETH A WILKINSON	807 E OSPREY	POST FALLS	ID	83854	DIRECTOR	GREGORY Z LOVE	902 SHORELINE DR	POST FALLS	ID	83854
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5. NATURE OF BUSINESS CONSTRUCTION		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  Date 9-24-96 Name (Typed or Printed) GREGORY Z LOVE Title SECRETARY																															

ISSUED: 07-06-1996

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