

No. 42491	Idaho Corporation Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX																				
Return To	Due No Later Than November 1, 1991	MARTIN, CHAPMAN ETC.																				
Secretary of State Room 203, Statehouse Boise, ID 83720	1. Mailing Address: Please Correct If Not Correct	SUITE 800 ONE CAPITAL CNT																				
	CLAIBORNE SPRINKLING AND SU	BOISE ID 83702																				
	BILL CLAIBORNE	3. Incorporated Under The Laws																				
	<del>105 WEST 41ST</del>	of ID																				
	109 W. 39 #6	NO: 042491																				
NO FEE REQUIRED	GARDEN CITY ID 83714																					
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: } Bill Claiborne</td> <td>109 W. 39 #6</td> <td>Boise</td> <td>Id.</td> <td>83714</td> </tr> <tr> <td>Secretary: }</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors: - Same</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Name	Street or P.O. Address	City	State	Zip	President: } Bill Claiborne	109 W. 39 #6	Boise	Id.	83714	Secretary: }					Directors: - Same				
Name	Street or P.O. Address	City	State	Zip																		
President: } Bill Claiborne	109 W. 39 #6	Boise	Id.	83714																		
Secretary: }																						
Directors: - Same																						
5. Nature of Business	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.																					
Irrigation & Prop. Mgmt.	Signature <u>Bill Claiborne</u> Name (Typed or Printed) <u>Bill Claiborne</u>	Date <u>9-14-91</u> Title <u>Pres/Sec.</u>																				