

| No. C 91228   | <b>Annual Report Form</b> 1999<br>Due No Later Than November 30,  |                        | 2. Registered Agent and Office <b>NOT A P.O. BOX</b>  |       |             |      |                        |      |       |     |            |                    |                        |       |    |       |            |                      |                        |       |    |       |
|---|---|------------------------|---|-------|-------------|------|------------------------|------|-------|-----|------------|--------------------|------------------------|-------|----|-------|------------|----------------------|------------------------|-------|----|-------|
| Return to:<br><b>SECRETARY OF STATE</b><br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FEE REQUIRED</b><br><br><b>* FIRST NOTICE *</b>  | 1. Mailing Address - Please Correct, If Not Correct<br><br><b>QUALITY DESIGN SYSTEMS, INC.</b><br><b>JAMES L BLACKBURN</b><br><b>617 E. STATE STREET</b><br><br><b>EAGLE ID 83616</b>                           |                        | <b>JAMES L BLACKBURN</b><br><b>617 E. STATE STREET</b><br><br><b>EAGLE ID 83616</b><br><br>3. Organized Under the Laws of:<br><br><b>ID C 91228</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 border="1"> <thead> <tr> <th>Office held</th> <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*</td> <td>JAMES L. BLACKBURN</td> <td>1456 E. FALCONRY COURT</td> <td>EAGLE</td> <td>ID</td> <td>83616</td> </tr> <tr> <td>SECRETARY*</td> <td>KATHRYN L. BLACKBURN</td> <td>1456 E. FALCONRY COURT</td> <td>EAGLE</td> <td>ID</td> <td>83616</td> </tr> </tbody> </table> |   |                        |   |       | Office held | Name | Street or P.O. Address | City | State | Zip | PRESIDENT* | JAMES L. BLACKBURN | 1456 E. FALCONRY COURT | EAGLE | ID | 83616 | SECRETARY* | KATHRYN L. BLACKBURN | 1456 E. FALCONRY COURT | EAGLE | ID | 83616 |
| Office held   | Name  | Street or P.O. Address | City  | State | Zip         |      |                        |      |       |     |            |                    |                        |       |    |       |            |                      |                        |       |    |       |
| PRESIDENT*  | JAMES L. BLACKBURN  | 1456 E. FALCONRY COURT | EAGLE   | ID    | 83616       |      |                        |      |       |     |            |                    |                        |       |    |       |            |                      |                        |       |    |       |
| SECRETARY*  | KATHRYN L. BLACKBURN  | 1456 E. FALCONRY COURT | EAGLE   | ID    | 83616       |      |                        |      |       |     |            |                    |                        |       |    |       |            |                      |                        |       |    |       |
| * ALSO DIRECTOR   |   |                        |   |       |             |      |                        |      |       |     |            |                    |                        |       |    |       |            |                      |                        |       |    |       |
| 5. Signature of New Registered Agent  | 6. Signature  Date <u>7-26-99</u><br>Name <small>(Printed or Printed)</small> <u>James L. Blackburn</u> Title <u>President</u> |                        |   |       |             |      |                        |      |       |     |            |                    |                        |       |    |       |            |                      |                        |       |    |       |

ISSUED: 07-03-1999

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