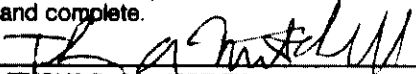
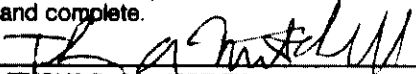
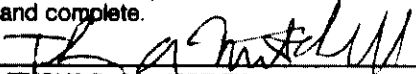


No. 01235	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1993	2. Registered Agent and Office: <b>NOT A P.O. BOX</b> THOMAS A. MITCHELL 316 ELDER BLDG. COEUR D'ALENE ID 83814																														
Return To <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address: <b>THOMAS A. MITCHELL, P.A.</b> <b>THOMAS A. MITCHELL</b> <b>E 408 SHERMAN</b> <b>SUITE 316</b> <b>COEUR D'ALENE ID 83814</b>	3. Incorporated Under The Laws of ID NO: 01235																														
4. Names and Addresses of Officers and Directors <b>MUST BE PRINTED OR TYPED</b> <table border="1"> <thead> <tr> <th></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>THOMAS A. MITCHELL</td> <td>E. 408 SHERMAN AVE.</td> <td>COEUR D'ALENE</td> <td>ID</td> <td>83814</td> </tr> <tr> <td>Secretary:</td> <td>JOHN T. MITCHELL</td> <td>SUITE 316</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td>CHRIS SZAFRANSKY</td> <td>E. 408 SHERMAN AVE.</td> <td>COEUR D'ALENE</td> <td>ID</td> <td>83814</td> </tr> <tr> <td></td> <td></td> <td>SUITE 316</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Name	Street or P.O. Address	City	State	Zip	President:	THOMAS A. MITCHELL	E. 408 SHERMAN AVE.	COEUR D'ALENE	ID	83814	Secretary:	JOHN T. MITCHELL	SUITE 316	"	"	"	Directors:	CHRIS SZAFRANSKY	E. 408 SHERMAN AVE.	COEUR D'ALENE	ID	83814			SUITE 316			
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5. Nature of Business  <b>LEGAL SERVICES</b>	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>9/21/93</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>THOMAS A. MITCHELL</td> <td>Title</td> <td>PRESIDENT</td> </tr> </table>		Signature		Date	9/21/93	Name (Typed or Printed)	THOMAS A. MITCHELL	Title	PRESIDENT																						
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