

| No. C 89503 | Annual Report Form 1996 Due No Later Than November 30, | | 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 * FIRST NOTICE * | 1. Mailing Address - Please Correct, If Not Correct ALBATROSS, INC. WALLY A. LOWE 4940 MAPLEWOOD BOISE ID 83703 | | WALLY A. LOWE 4940 MAPLEWOOD BOISE ID 83703 3. Organized Under the Laws of: ID C 89508 | | | | | | | | | | | | | | | | | | | |
| 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 checked="" type="checkbox"/> Members (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>PRES</td> <td>WALLY A. LOWE</td> <td>4940 MAPLEWOOD</td> <td>BOISE</td> <td>ID</td> <td>83703</td> </tr> <tr> <td>SEC</td> <td>SHARON LOWE</td> <td>4940 MAPLEWOOD</td> <td>BOISE</td> <td>ID</td> <td>83703</td> </tr> </tbody> </table> | | | | | Office held | Name | Street or P.O. Address | City | State | Zip | PRES | WALLY A. LOWE | 4940 MAPLEWOOD | BOISE | ID | 83703 | SEC | SHARON LOWE | 4940 MAPLEWOOD | BOISE | ID | 83703 |
| Office held | Name | Street or P.O. Address | City | State | Zip | | | | | | | | | | | | | | | | | |
| PRES | WALLY A. LOWE | 4940 MAPLEWOOD | BOISE | ID | 83703 | | | | | | | | | | | | | | | | | |
| SEC | SHARON LOWE | 4940 MAPLEWOOD | BOISE | ID | 83703 | | | | | | | | | | | | | | | | | |
| 5. NATURE OF BUSINESS SPONSOR PROFESSIONAL GOLFER | 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>Sharon Lowe</u> Date <u>6/30/96</u> Name (Typed or Printed) <u>SHARON LOWE</u> Title <u>SECRETARY</u> | | | | | | | | | | | | | | | | | | | | | |

ISSUED: 07-06-1996

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