	INSTRUCTIONS ON REVERSE SIDE	
No. 046590	Idaho Corporation Annual Report Form	2. Registered Agent and Office
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 VE J SEC. 0 STATE Forfeited 11/30/82 Reinstatement Fee:	Due No Later Than November 1, 1989 1. Mailing Address — Please Correct SLEEP CENTERS, INC. Larry Spargo 244/15.W. 4th Avenue	Don Everton 326 Second Avenue South Twin Falls, Idaho 83301 3. Incorporated Under The Laws of IDAHO
4. Names and Addresses of Officer President: LURRY F. S. Secretary: R.Ta R. K. Directors: Barbare T.	pargo 241/ S.W. 492 Ave	City State Zip Ontario, Oregon 97914 Ontario, Oregon 97914 Ontario, Oregon 97914
5. Nature of Business PETail Salas of Full and beds	6. I certify that this Annual Report has been exa true, correct and complete. Signature Name (Typed or Printed) ALEN F: SULLO	mined by me and is to the best of my knowledge Date 7/28/84 Title 8404/44/T

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