

## INSTRUCTIONS ON REVERSE SIDE

|                      |                                                    |                                               |
|----------------------|----------------------------------------------------|-----------------------------------------------|
| No. 89502            | Idaho Corporation Annual Report Form               | 2. Registered Agent and Office NOT A P.O. BOX |
| Return To            | Due No Later Than November 30, 1995                | EDWARD A. LAWSON                              |
|                      | 1. Mailing Address - Please Correct if Not Correct | 319 WALNUT AVENUE                             |
| Secretary of State   | SNUG OUTFITTERS, INC.                              | KETCHUM ID 83340                              |
| 700 W Jefferson      | EDWARD A. LAWSON                                   |                                               |
| P.O. Box 83720       | BOX 297                                            |                                               |
| Boise, ID 83720-0980 | KETCHUM ID 83340                                   | 3. Incorporated Under The Laws of             |
| * FIRST NOTICE *     |                                                    | ID                                            |
| NO FEE REQUIRED      |                                                    | NO: 89502                                     |

## 4. Names and Addresses of Officers and Directors

|            | Name          | Street or P.O. Address | City       | State | Postal Code |
|------------|---------------|------------------------|------------|-------|-------------|
| President: | William Mason | P.O. Box 127           | Sun Valley | ID    | 83353       |
| Secretary: | Jane Mason    | P.O. Box 127           | Sun Valley | ID    | 83353       |
| Directors: | William Mason | P.O. Box 127           | Sun Valley | ID    | 83353       |
|            | Jane Mason    | P.O. Box 127           | Sun Valley | ID    | 83343       |

## 5. Nature of Business

Fishing Guide &amp; Outfitter

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

Name (Typed or Printed)

William Mason

Date

Title

President