

Annual Report Form Due No Later Than November 30, 1996		2. Registered Agent and Office NOT A P.O. BOX																								
No. C106911 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 E/MCK, CORP. LARY S LARSON LORRAINE E McKenna 428 PARK AVE 3883 Quitman 319 Denver Co 80212 IDAHO FALLS ID 83435	LARY S LARSON 428 PARK AVE IDAHO FALLS ID 83435 3. Organized Under the Laws of: ID C106911																								
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one) <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 15%;">Office held</th> <th style="width: 25%;">Name</th> <th style="width: 30%;">Street or P.O. Address</th> <th style="width: 15%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>Chairman</td> <td>LORRAINE McKenna</td> <td>3883 Quitman #319</td> <td>DENVER</td> <td>CO</td> <td>80212</td> </tr> <tr> <td>President</td> <td>Christine McKenna</td> <td>P.O. Box 589</td> <td>Pomona</td> <td>CA</td> <td>92401</td> </tr> <tr> <td>Sec</td> <td>Tromer McKenna</td> <td>824 Couchman</td> <td>Idaho Falls</td> <td>ID</td> <td>83401</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	Chairman	LORRAINE McKenna	3883 Quitman #319	DENVER	CO	80212	President	Christine McKenna	P.O. Box 589	Pomona	CA	92401	Sec	Tromer McKenna	824 Couchman	Idaho Falls	ID	83401
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5. NATURE OF BUSINESS M.L.M. - Phone Cards ANY LAWFUL Ameri-Vap Corp.	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>LORRAINE E McKenna</u> Date <u>7-23-96</u> Name (Typed or Printed) <u>LORRAINE E McKenna</u> Title <u>Chairperson</u>																									

ISSUED: 07-06-1996

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