|   | INSTRUCTION  | S ON REVERSE SIDE           | ISSUED: 10  | 0-04-1990              |
|---|--|-----------------------------|---|------------------------|
| No. 88334   | Idaho Corporation Annual Report Form                               |                             | 2. Registered Agent ar                              | nd Office              |
| Return To Secretary of State Room 203, Statehouse Boise, ID 83720 | Due No Later Than November 1,  1. Mailing Address — Please Correct |                             | DENNIS D. ALTENSTADTER<br>2404 BANK DRIVE, SUITE 20 |                        |
|   |  |                             |   |                        |
|   | 3. Incorporated Under The Laws                                     |                             |   |                        |
|   | ** FINAL NOTICE **   |                             |   |                        |
| NO FEE REQUIRED   | BOISE  | ID 83705                    | NO: 088334  |                        |
| 4. Names and Addresses of Officer                                 | s and Directors  | <del>4</del> 42 .           |   |                        |
|   | <u>Name</u>  | Street or P.O. Address      | City  | State Zip              |
| President: DENISE A. Secretary: //                                | ALTENSTADIER   | 2 PUBOX 5332                | BOISE   | Io 83705               |
| Secretary: / /<   | / •  |                             | 10  | 16                     |
| Directors.  | (1   | ( (                         |   | /1                     |
|   |  |                             |   |                        |
|   |  |                             |   |                        |
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|   |  |                             |   |                        |
|   | r  |                             |   |                        |
|   |  |                             |   |                        |
| 5. Nature of Business   | 6. I certify that this   | Annual Report has been exar | nined by me and is to the                           | e best of my knowledge |
| $\Omega$  | true, correct and  | d complete.                 |   |                        |
| Tublishing  | Signature (Typed or O.2)   | se Allendade                | Date / (  | 110190                 |
|   | Name (Typed or PRE   | Sident-DENISE AL            | ENSTADIER Title H                                   | <u>resident</u>        |