

No. 050179	Idaho Corporation Annual Report Form		2. Registered Agent and Office																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 RECEIVED SEC. OF STATE 87 OCT 26 AM 11 02	Due No Later Than November 1, 1987		JOHN S. LEWIS 1163 EAST 25TH STREET IDAHO FALLS, IDAHO 83401																									
	1. Mailing Address — Please Correct 050179 FALLS SALES, INC. JOHN S. LEWIS P. O. BOX 1389 IDAHO FALLS, IDAHO 83401																											
3. Incorporated Under The Laws of																												
ENTERED OCT 26 1987 STATE OF IDAHO																												
4. Names and Addresses of Officers and Directors																												
<table border="1"> <thead> <tr> <th></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>President:</td> <td>John R Lewis</td> <td>PO BOX 626</td> <td>AFD</td> <td>IF</td> <td>96555</td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td>Kimberly Lewis</td> <td>11</td> <td>11</td> <td>11</td> <td>11</td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	John R Lewis	PO BOX 626	AFD	IF	96555	Secretary:						Directors:	Kimberly Lewis	11	11	11	11
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President:	John R Lewis	PO BOX 626	AFD	IF	96555																							
Secretary:																												
Directors:	Kimberly Lewis	11	11	11	11																							
5. Nature of Business		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.																										
Wholesales		Signature <u>John R Lewis</u> Date <u>OCT 10, 1987</u> Name (Typed or Printed) <u>John R Lewis</u> Title <u>PRESIDENT</u>																										