

(No. <b>C113959</b> )	<b>Annual Report Form</b> <i>Due No Later Than November 30,</i>		<b>1997</b>																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, if Not Correct  DC NATURALS, INC. BILLIE COCHRAN PO BOX 815		2. Registered Agent and Office <b>NOT A P.O. BOX</b>  BILLIE COCHRAN 3195 JEWEL LAKE RD  SAGLE ID 83860																								
	3. Organized Under the Laws of:  ID C113960																										
	4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <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>Pres</td> <td>James Day</td> <td>1201 main</td> <td>R. pon</td> <td>CA</td> <td>95376</td> </tr> <tr> <td>V Pres</td> <td>Trish Day</td> <td>" "</td> <td>" "</td> <td>" "</td> <td>" "</td> </tr> <tr> <td>Sec</td> <td>Billie Cochran</td> <td>Po Box 815</td> <td>Sagle</td> <td>ID</td> <td>83860</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	Pres	James Day	1201 main	R. pon	CA	95376	V Pres	Trish Day	" "	" "	" "	" "	Sec	Billie Cochran	Po Box 815	Sagle	ID	83860
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5.	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><i>[Signature]</i></u> Date <u>1-5-97</u> Name (Typed or Printed) <u>Billie Cochran</u> Title <u>Sec</u>																										

ISSUED: 10-04-1997

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