

No. <b>44207</b>	<b>Idaho Corporation Annual Report Form</b>		2. Registered Agent and Office																					
Return To  <b>Secretary of State Room 203, Statehouse Boise, ID 83720</b>  <b>NO FEE REQUIRED</b>	Due No Later Than November 1, 1990		GLEN W. BLACK																					
	1. Mailing Address — Please Correct		W. 5305 HWY. #53																					
	HAUSER SMOKE SHOP, INC. X GLEN BLACK W. 5305 HWY #53  POST FALLS ID 83854		POST FALLS ID 83854 76  3. Incorporated Under The Laws of ID  NO: 044207																					
4. Names and Addresses of Officers and Directors																								
<table border="1"> <thead> <tr> <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: GLEN W. BLACK</td> <td>W. 5305 Hwy 53</td> <td>Post Falls</td> <td>ID.</td> <td>83854</td> </tr> <tr> <td>Secretary: PATRICIA A. BLACK</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President: GLEN W. BLACK	W. 5305 Hwy 53	Post Falls	ID.	83854	Secretary: PATRICIA A. BLACK	"	"	"	"	Directors:				
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Directors:																								
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.																						
RETAIL		Signature <u><i>P.A. Black</i></u> Date <u>10/31/90</u> Name (Typed or Printed) <u>P.A. BLACK</u> Title <u>SEC.</u>																						