

INSTRUCTIONS ON REVERSE SIDE

No. 054219		Idaho Corporation Annual Report Form Due No Later Than November 1, 1988		2. Registered Agent and Office		
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 SEC. OF STATE 88 AUG 16 AM 8 33		1. Mailing Address — Please Correct 054219 MOUNTAIN SHADOWS CORPORATION (TM) GLENN LOOMIS P.O. BOX 458 DONNELLY, IDAHO 83615		FLOYD LOOMIS P. O. BOX 1 DONNELLY, IDAHO 83615		
				3. Incorporated Under The Laws of STATE OF IDAHO		
4. Names and Addresses of Officers and Directors						
	Name	Street or P.O. Address	City	State	Zip	
President:	Floyd Loomis	P.O. Box 1	Donnelly	Idaho	83615	
Secretary:	Glenn Loomis	P.O. Box 458	Donnelly	Idaho	83615	
Directors:	Viola Loomis	P.O. Box 1	Donnelly	Idaho	83615	
5. Nature of Business Roads and domestic water system maimtenance						
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  Name (Type or Print) Glenn Loomis						
Date 8/15/88 Title Sec. & Treas.						