

No. <b>C101620</b>	<b>Annual Report Form</b> <b>1995</b> <i>Due No Later Than November 30,</i>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>																			
Return to: <b>SECRETARY OF STATE</b> <b>700 WEST JEFFERSON</b> <b>PO BOX 83720</b> <b>BOISE, ID 83720-0080</b>  <b>NO FEE REQUIRED</b>  <b>** FINAL NOTICE **</b>	1. Mailing Address - Please Correct, If Not Correct <b>LURE KNIFE, INC.</b> <b>GLENN NELSON</b> <b>244 CONSTITUTION WAY</b>  <b>IDAHO FALLS ID 83402</b>		<b>GLENN NELSON</b> <b>244 CONSTITUTION WAY</b>  <b>IDAHO FALLS ID 83402</b>  3. Organized Under the Laws of: <b>ID C101620</b>																			
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)  <table border="1"> <thead> <tr> <th>Office held</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><b>PRESIDENT</b></td> <td><b>KARL HANOSKY</b></td> <td><b>1870 RANIER</b></td> <td><b>IDAHO FALLS</b></td> <td><b>IDAHO</b></td> <td><b>83402</b></td> </tr> <tr> <td><b>SEC</b></td> <td><b>GLENN C NELSON</b></td> <td><b>244 CONSTITUTION</b></td> <td><b>IDAHO FALLS</b></td> <td><b>IDAHO</b></td> <td><b>83402</b></td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	<b>PRESIDENT</b>	<b>KARL HANOSKY</b>	<b>1870 RANIER</b>	<b>IDAHO FALLS</b>	<b>IDAHO</b>	<b>83402</b>	<b>SEC</b>	<b>GLENN C NELSON</b>	<b>244 CONSTITUTION</b>	<b>IDAHO FALLS</b>	<b>IDAHO</b>	<b>83402</b>
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5. <b>NATURE OF BUSINESS</b>  <b>WHOLESALE KNIVES</b>		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>Glenn C Nelson</i></u> Date <u><b>10-16-96</b></u> Name (Typed or Printed) <u><b>GLENN C NELSON</b></u> Title <u><b>SEC</b></u>																				
<b>ISSUED: 10-05-1996</b>		<b>2599</b>																				