INSTRUCTIONS ON REVERSE SIDE

			ation Annual Report Form	2. Registered Agent and Office NOTA P.O. BOX		
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED		Due No Later Than November 1, 1 Mading Address, 17 From Course to Table Course		C T CORPORATION SYSTEM 300 NORTH SIXTH STREET		
		3. Incorporated Under The Laws				
		PORTLAND	OR 97207	0 R NO: 81265		
		4. Names and Addr	resses of Officer	s and Directors	MUST BE PRINTED	OR TYPED
		Name	Street or P.O. Address	<u>City</u>	State	Zio
President:	C.W.	Drinkward	P.O. Box 1300	Portland	OR	97207
Secretary:	Dan H	armon	P.O. Box 1300	Portland	OR	97207
Directors:		Hof fma n	P.O. Box 1300	Portland	OR	97207
	C.W.	Drinkward	P.O. Box 1300	Portland	OR	97207
. Nature of Busines		6. I certify the true, appre	nat this Annual Report has been ex not and complete	amined by me and is to the	ne best of my	knowledge
General Construction		Signature		Date	8/5/93	
****		Name (Typed c	Dan Harmon	Title	V.P./S	ecretary