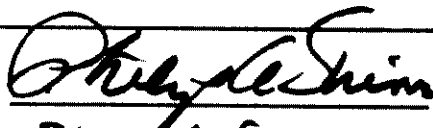
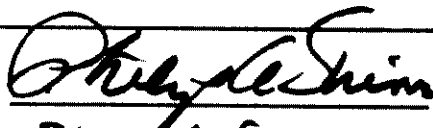
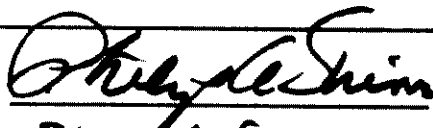


No. C 52267	Annual Report Form Due No Later Than November 30, 1997		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct		PHILIP A. SHINN 702 GRELLE AVENUE LEWISTON ID 83501																			
	MORAWSKI THEATRE OF DANCE, I PHILIP A. SHINN 702 GRELLE		3. Organized Under the Laws of																			
	LEWISTON ID 83501		ID C 52267																			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)																						
<table style="width: 100%; border: none;"> <tr> <th style="text-align: left;">Office held</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or P.O. Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Zip</th> </tr> </table>					Office held	Name	Street or P.O. Address	City	State	Zip												
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		<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Signature</td> <td style="width: 40%;"></td> <td style="width: 10%;">Date</td> <td style="width: 20%;">7/14/97</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>PHILIP A. SHINN</td> <td>Title</td> <td>PRESIDENT</td> </tr> </table>			Signature		Date	7/14/97	Name (Typed or Printed)	PHILIP A. SHINN	Title	PRESIDENT										
Signature		Date	7/14/97																			
Name (Typed or Printed)	PHILIP A. SHINN	Title	PRESIDENT																			

ISSUED: 07-04-1997

DO NOT TAPE OR STAPLE

11200