


No. 80319	Idaho Corporation Annual Report Form		2. Registered Agent and Office JOHN S. WILSON 1235 7TH AVE. E.																					
Return To	Due No Later Than November 1, 1989																							
Secretary of State Room 203, Statehouse Boise, ID 83720	1. Mailing Address — Please Correct 80319 WILSON & ASSOC., INCORPORATED JOHN S. WILSON P.O. BOX 1754		TWIN FALLS ID 83303																					
* FINAL NOTICE * NO FEE REQUIRED 89 NOV 7 AM 8 52	TWIN FALLS ID 83303		3. Incorporated Under The Laws of IDAHO NO: 80319																					
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:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td>JOHN S. WILSON</td> <td>P.O. Box 1754</td> <td>TWIN FALLS,</td> <td>ID 83301</td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President:					Secretary:					Directors:	JOHN S. WILSON	P.O. Box 1754	TWIN FALLS,	ID 83301
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President:																								
Secretary:																								
Directors:	JOHN S. WILSON	P.O. Box 1754	TWIN FALLS,	ID 83301																				
5. Nature of Business Business & computer consulting		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 (Typed or Printed) JOHN S. WILSON Date 11-1-89 Title DIRECTOR																						