

No. C123743	Annual Report Form Due No Later Than November 30, 1999		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		CHRISTOPHER D CLARK 1122 MONACO ST													
	VISUAL MOTION, INC. 1122 MONACO ST TWIN FALLS ID 83301		TWIN FALLS ID 83301 3. Organized Under the Laws of: ID C123743													
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="1" data-bbox="23 372 1465 446"> <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>President</td> <td>Christopher D. Clark</td> <td>1122 MONACO ST</td> <td>TWIN FALLS</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	Christopher D. Clark	1122 MONACO ST	TWIN FALLS	ID	83301
Office held	Name	Street or P.O. Address	City	State	Zip											
President	Christopher D. Clark	1122 MONACO ST	TWIN FALLS	ID	83301											
5. Signature of New Registered Agent Christopher D. Clark		6. <table border="1"> <tr> <td>Signature</td> <td>Christopher D. Clark</td> <td>Date</td> <td>7/12/99</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Christopher D. Clark</td> <td>Title</td> <td>President</td> </tr> </table>			Signature	Christopher D. Clark	Date	7/12/99	Name (Typed or Printed)	Christopher D. Clark	Title	President				
Signature	Christopher D. Clark	Date	7/12/99													
Name (Typed or Printed)	Christopher D. Clark	Title	President													

ISSUED: 07-03-1999

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