

<b>No. 87247</b>	<b>Idaho Corporation Annual Report Form</b> <i>Due No Later Than November 1, 1992</i>	<b>2. Registered Agent and Office NOT A P.O. BOX</b> <b>DAVID F. PEDERSEN</b> <b>259 MAIN AVENUE EAST</b>  <b>TWIN FALLS ID 83301</b>
Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>	<b>1. Mailing Address - Please Correct, If Not Correct</b> <b>PEDERSEN'S OF BOISE, INC.</b> <b>DAVID F. PEDERSEN</b> <b>1495 POLE LINE RD E</b>  <b>TWIN FALLS ID 83301 0000</b>	<b>3. Incorporated Under The Laws</b> of <b>NO: 87247</b>
<b>* FIRST NOTICE *</b> <b>NO FEE REQUIRED</b>		

4. Names and Addresses of Officers and Directors

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	DAVID PEDERSEN	855 MADRONNA STREET NORTH	TWIN FALLS	IDAHO	83301
Secretary:	KEVIN ORTON	357 SOUTH 200 EAST #300	SALT LAKE CITY	UTAH	84111
Directors:	KERRY PEDERSEN	357 SOUTH 200 EAST #110	SALT LAKE CITY	UTAH	84111
	DAVID PEDERSEN	855 MADRONNA STREET NORTH	TWIN FALLS	IDAHO	83301
	EDWARD PEDERSEN	514 CINDY DRIVE	TWIN FALLS	IDAHO	83301
	KEVIN ORTON	357 SOUTH 200 EAST #300	SALT LAKE CITY	UTAH	84111

5. Nature of Business  <b>RETAIL SALES</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.								
	<table style="width:100%; border: none;"> <tr> <td style="border: none;">Signature</td> <td style="border: none; text-align: center;"></td> <td style="border: none;">Date</td> <td style="border: none; text-align: center;">7/28</td> </tr> <tr> <td style="border: none;">Name (Typed or Printed)</td> <td style="border: none; text-align: center;">KEVIN ORTON</td> <td style="border: none;">Title</td> <td style="border: none; text-align: center;">SECRETARY</td> </tr> </table>	Signature		Date	7/28	Name (Typed or Printed)	KEVIN ORTON	Title	SECRETARY
Signature		Date	7/28						
Name (Typed or Printed)	KEVIN ORTON	Title	SECRETARY						