|  | INSTRUCTIONS ON REVERSE SIDE   |   |
|--|--|---|
| No. 79970  | Idaho Corporation Annual Report Form   | 2. Registered Agent and Office NOT A P.O. BOX   |
| Secretary of State<br>Room 203, Statehouse<br>Brise, ID 83720  | Due No Later Than November 1, 1991   | LOWELL K. NAIL P. O. BOX 26                     |
|  | 1 Mailing Address - Please Correct, If Not Correct   | r · · · · · · · · · · · · · · · · · · ·         |
|  | EASTPORT INDUSTRIES, INC.<br>LOWELL K. NAIL<br>P. O. BOX 26  | EASTPORT ID 839(26                              |
|  |  | 3. Incorporated Under The Laws of               |
| NO FEE REQUIRED  | EASTPORT ID 83826  | No: 079970                                      |
| 4. Names and Addresses of Office   | ers and Directors  |   |
| President: LowE// Secretary: D#554 Directors:  | K. NAIL PEBOX 26<br>WAGES POBOX 43   | EASTPART ID 83826<br>BONNERS FERRY ID 8380      |
|  |  |   |
|  |  |   |
|  |  |   |
|  |  |   |
|  |  |   |
| 5. Nature of Business R5/000   | 6. I certify that this Annual Report has been exact true, correct and complete.                                      | amined by me and is to the best of my knowledge |
| 5. Nature of Business Rules of Francisch Franc | 6. I certify that this Annual Report has been exact true, correct and complete  Signature Name Primary  Name Primary | amined by me and is to the best of my knowledge |