

INSTRUCTIONS ON REVERSE SIDE

| No. 046009 Return To Secretary of State Room 293, Statehouse Boise, ID 83720 Forfeited 12/1/94 REINSTATEMENT FEE: \$60.00 | Idaho Corporation Annual Report Form Due No Later Than November 1, 1994 1. Mailing Address — Please Correct D & C CORP. DEWAYNE A. BILLS P O BOX 8897 BOISE ID 83707 | 2. Registered Agent and Office DEWAYNE A. BILLS 412 E 41ST ST BOISE ID 83704 3. Incorporated Under The Laws of ID 46009 | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|-------|------------------------|------|-------|-----|-----------------------------|---------------|-------|----|-------|-------------------------|---------------|-------|----|-------|--------------------------|--|--|--|--|------------------------------|---------------|-------|----|-------|
| 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: DeWayne A. Bills</td> <td>P.O. Box 8897</td> <td>Boise</td> <td>ID</td> <td>83707</td> </tr> <tr> <td>Secretary: Douglas Wolf</td> <td>P.O. Box 8897</td> <td>Boise</td> <td>ID</td> <td>83707</td> </tr> <tr> <td>Directors: Same as above</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Asst. Secretary Carla Barber</td> <td>P.O. Box 8897</td> <td>Boise</td> <td>ID</td> <td>83707</td> </tr> </tbody> </table> | | | Name | Street or P.O. Address | City | State | Zip | President: DeWayne A. Bills | P.O. Box 8897 | Boise | ID | 83707 | Secretary: Douglas Wolf | P.O. Box 8897 | Boise | ID | 83707 | Directors: Same as above | | | | | Asst. Secretary Carla Barber | P.O. Box 8897 | Boise | ID | 83707 |
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| Directors: Same as above | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Asst. Secretary Carla Barber | P.O. Box 8897 | Boise | ID | 83707 | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Nature of Business Real estate development | 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 <u>Carla Barber</u> Date 10/14/94 Name (Typed or Printed) Carla Barber Title Assistant Secretary | | | | | | | | | | | | | | | | | | | | | | | | | | |