

No. C 79605	Annual Report Form Due No Later Than November 30, 1995		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 KOD, INC. RANDELL K. ASHLIMAN P. O. BOX 219 BURLEY ID 83318		RANDELL K. ASHLIMAN 275 W 400 S BURLEY ID 83318 3. Organized Under the Laws of: ID C 79685													
4. Corporations: Enter Names and 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="0"> <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-Sec. - Director,</td> <td>Randell K. Ashliman</td> <td>275 W 400 S.</td> <td>Burley</td> <td>ID</td> <td>83318</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President-Sec. - Director,	Randell K. Ashliman	275 W 400 S.	Burley	ID	83318
Office held	Name	Street or P.O. Address	City	State	Zip											
President-Sec. - Director,	Randell K. Ashliman	275 W 400 S.	Burley	ID	83318											
5. NATURE OF BUSINESS INACTIVE	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>Randell K. Ashliman</u> Date <u>7/13/96</u> Name (Typed or Printed) <u>Randell K. Ashliman</u> Title <u>Pres</u>															

ISSUED: 07-06-1996

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