| | INSTRUC | TIONS ON REVERSE SIDE | 1220FD: 00. | | , U |
|--|---|--|---------------------------------------|--------------|----------------|
| No. 75464 | Idaho Corporation Annual Report Form | | 2. Registered Agent and | Office | |
| Return To Secretary of State Room 203, Statehouse Boise, ID 83720 | Due No Later Than November 1, 1990 1. Mailing Address — Please Correct | | KRISTINE N. BRUINS | | |
| | | | ROUTE #3, BOX 3361 | | |
| | BRUINS COMMODITIES, INC. KRISTINE N. BRUINS BOX 299 | | PARMA | ID | 83660 |
| | | | Incorporated Under The Laws of ID | | |
| NO FEE REQUIRED | PARMA | ID 83660 | NO: 075464 | | |
| 4. Names and Addresses of Office | rs and Directors | | | | |
| | <u>Name</u> | Street or P.O. Address | <u>City</u> | <u>State</u> | <u>Zip</u> |
| | urton C. Bruins ristine N. Brui | | Parma Parma | Id. Id. | 83660 83660 |
| | pove officers | 113 1. 0. 50% 233 | , ai ma | 10. | |
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| 5. Nature of Business | 6. I certify that true, correct | at this Annual Report has been exect and complete. | amined by me and is to the | best of my | knowledge |
| inactive corpora | 2/2-2/2 | Justine Bruns | Date Title | 14y 3, | 1-9 <u>0</u> |