

No. 046422	Idaho Corporation Annual Report Form		2. Registered Agent and Office																					
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 SEC. 6 88 AUG 31 AM 8 35	Due No Later Than November 1, 1988		H. DWIGHT WHITTAKER 3801 MARLENE STREET IDAHO FALLS, IDAHO 83401																					
	1. Mailing Address — Please Correct 046422																							
	DEVELOPMENT WORKSHOP, INC. DWIGHT WHITTAKER 2405 LESLIE AVENUE 555 W. 25 th IDAHO FALLS, IDAHO 83401 83402		3. Incorporated Under The Laws of STATE OF IDAHO																					
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:</td> <td colspan="4">SEE ATTACHED</td> </tr> <tr> <td>Secretary:</td> <td colspan="4"></td> </tr> <tr> <td>Directors:</td> <td colspan="4"></td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President:	SEE ATTACHED				Secretary:					Directors:				
Name	Street or P.O. Address	City	State	Zip																				
President:	SEE ATTACHED																							
Secretary:																								
Directors:																								
5. Nature of Business Rehabilitation Facility		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 border="1"> <tr> <td>Signature (Typed or Printed)</td> <td>Date</td> </tr> <tr> <td>Alex S. Creek</td> <td>8/29/88</td> </tr> <tr> <td>Name</td> <td>Title</td> </tr> <tr> <td>Alex Creek.</td> <td>President</td> </tr> </table>			Signature (Typed or Printed)	Date	Alex S. Creek	8/29/88	Name	Title	Alex Creek.	President												
Signature (Typed or Printed)	Date																							
Alex S. Creek	8/29/88																							
Name	Title																							
Alex Creek.	President																							

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AUG 31 1988

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DEVELOPMENT WORKSHOP, INC. BOARD OF DIRECTORS 1987-88

Alex Creek President
656 11th Street, IF 83404
Res: 522-6955
Retired Oil Distributor

Veronica Pitman
725 Saturn, IF 83402
Res: 523-2610
Homemaker/Disabled

Artie Lee Gardner, Vice President
1726 Avalon, IF 83402
Res: 529-9262/Bus: 522-7601
Bookkeeper/Christmas Festival

Jeff R. Summers
P. O. Box 330, Rexburg 83440
Res: 525-8539/Bus: 356-4524
EICPDA

Seth Jenkins, Secretary
120 Fieldstream Lane, IF 83404
Res: 529-5297/Bus: 523-0402
Businessman

Julian Cowley
2446 Eastview Dr., IF 83401
Res: 523-4108/Bus: 523-2020
Banker, Parent

H. Larry Spilker
Rt. #1, Box 83D, IF 83405
Res: 523-2550/Bus: 526-1655
Attorney - EG&G

Vicki L. Stoddard
201 H Street, IF 83402
Res: 522-3532
Homemaker, BARC

Gaylon Bean
2585 Fieldstream, IF 83404
Res: 523-5760/Bus: 523-5688
Businessman

Bernice McCowin
3623 E. 17th St., IF 83406
Res: 523-3333
Homemaker

L. Stanley Sell
2855 E. Morningside, IF 83402
7849 E. Sage, Scottsdale AZ 85253-7642
Res: 522-4183/Res: 602-946-9661
Physician

Henry H. Bennett
P. O. Box 537, IF 83405
Res: 522-4545

Charles Rice
355 W. 14th St., IF 83404
Res: 522-4955
Businessman

Mr. Roger Wright
P. O. Box 578, IF 83403
Bus: 523-4433
Attorney

Mr. Jack Couch
1055 Sahara, IF 83401
Bus: 522-1800
Post Register

Randal Porter
208 E. 3rd S, Rexburg 83440
Bus: 356-4500

J. F. "Chad" Chadband
460 E. Anderson, IF 83401
Res: 523-9342/Bus: 524-0550
Owner-Chad's Rentals

D. J. Simpson
P. O. Box 1842, IF 83205
Res: 523-9624/Bus: 522-7691
Owner-Business Management

A. Please correct any pre-pr

B. You may change the info
address must be the phys
any necessary changes o

C. You must enter complete i

D. This report must be signe
agent or attorney is NOT :

E. Return completed annual r