I	INSTRUCTIONS ON REVERSE SIDE	ISSUED: 10-04-1990
No. 85734	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,	JOHN W. PRICE
	1. Mailing Address — Please Correct	599 MOUNTAIN VIEW DRIVE
	NORTHWEST SPECIALTIES, INC. JOHN W. PRICE	TWIN FALLS ID 83301 3. Incorporated Under The Laws
	P.O. BOX 145	of ID
** FINAL NOTICE ** NO FEE REQUIRED	TWIN FALLS ID 83303	NO: 085734
4. Names and Addresses of Office		
President: John Secretary: William Directors:	Name Street or P.O. Address N W PRICE PO. Box 145 Mya Veon Price PO. Box 146	City Folls Fd 8330) Twin Folls 46 8330/
5. Nature of Business	6. I certify that this Annual Report has been exa	amined by me and is to the best of my knowledge
5. Nature of Business	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 of The	true, correct and complete.	u Date 10-9-90