

No. C110939	Annual Report Form 1996 <i>Due No Later Than November 30,</i>		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	1. Mailing Address - Please Correct, If Not Correct INUNISON, INC. L TROY CLAYTON PO BOX 50126 IDAHO FALLS ID 83405		L TROY CLAYTON 320 MEMORIAL DRIVE IDAHO FALLS ID 83402 3. Organized Under the Laws of: ID C110939																			
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="1" data-bbox="19 361 1463 510"> <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</td> <td>L. Troy Clayton</td> <td>320 Memorial Dr.</td> <td>J.F.</td> <td>ID</td> <td>83402</td> </tr> <tr> <td>Secretary</td> <td>Cindy Armour</td> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	L. Troy Clayton	320 Memorial Dr.	J.F.	ID	83402	Secretary	Cindy Armour	✓	✓	✓	✓
Office held	Name	Street or P.O. Address	City	State	Zip																	
President	L. Troy Clayton	320 Memorial Dr.	J.F.	ID	83402																	
Secretary	Cindy Armour	✓	✓	✓	✓																	
5. NATURE OF BUSINESS SUPERVISE PAYROLL & ACCOUNTING SYSTEMS		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>L. Troy Clayton</u> Date <u>8/5/96</u> Name (Typed or Printed) <u>L. Troy Clayton</u> Title <u>President</u>																				

ISSUED: 07-06-1996

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