

No.	Idaho Corporation Annual Report Form Due No Later Than November 1, 1992	2. Registered Agent and Office NOT A P.O. BOX																								
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED		1. Mailing Address. — Please Correct If Not Correct	C T CORPORATION SYSTEM 300 N. 6TH STREET BOISE ID 83701																							
PERFORMANCE ABATEMENT SERVICES, TAX DEPARTMENT 77 CENTER DRIVE BUILDING 5435, STE. 10 CHARLOTTE NC 28217 0000		3. Incorporated Under The Laws of DE NO: 84251																								
4. Names and Addresses of Officers and Directors																										
<table border="1"> <thead> <tr> <th data-bbox="28 399 409 452"></th> <th data-bbox="409 399 718 452">Name</th> <th data-bbox="718 399 1058 452">Street or P.O. Address</th> <th data-bbox="1058 399 1263 452">City</th> <th data-bbox="1263 399 1379 452">State</th> <th data-bbox="1379 399 1614 452">Zip</th> </tr> </thead> <tbody> <tr> <td data-bbox="28 452 409 494">President:</td> <td data-bbox="409 452 718 494">Kenneth M. Spreatz</td> <td data-bbox="718 452 1058 494">14851 W. 99th St.</td> <td data-bbox="1058 452 1263 494">Lenexa</td> <td data-bbox="1263 452 1379 494">KS</td> <td data-bbox="1379 452 1614 494">66215</td> </tr> <tr> <td data-bbox="28 494 409 537">Secretary:</td> <td data-bbox="409 494 718 537">Robert B. Beard</td> <td data-bbox="718 494 1058 537"></td> <td data-bbox="1058 494 1263 537"></td> <td data-bbox="1263 494 1379 537"></td> <td data-bbox="1379 494 1614 537"></td> </tr> <tr> <td data-bbox="28 537 409 579">Directors:</td> <td colspan="5" data-bbox="409 537 1614 579">Same as above</td> </tr> </tbody> </table>				Name	Street or P.O. Address	City	State	Zip	President:	Kenneth M. Spreatz	14851 W. 99th St.	Lenexa	KS	66215	Secretary:	Robert B. Beard					Directors:	Same as above				
	Name	Street or P.O. Address	City	State	Zip																					
President:	Kenneth M. Spreatz	14851 W. 99th St.	Lenexa	KS	66215																					
Secretary:	Robert B. Beard																									
Directors:	Same as above																									
5. Nature of Business	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.																									
Contracting	Signature Doug D. Lapan Name (Typed or Printed) DOUG D. LAPAN	Date 10/19/92 Title Mgr. Corp. Tax Asst. Sec.																								