Under penalties of perjury and as an authorized officer, I declare that this biennial report and, if applicable, the statement of change of registered office and/or agent, has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete.

BY						
D1		Authorized Agent		. 07		
TITLE	President		DATE 3/26	5 ₁₉ 97	SECRETARY OF STAT	
П	NOTE: TO NOTUSE THE	SON F THIS IS YOUR F ARK THIS BOX, SIGN ABO'	FIRST REPORT!!! VE AND RETURN ATE DUE ABOVE.	SEE INSTRUCTION WITH THE FEE AN CONTACT THIS OFF	IS ON REVERSE F THERE ARE NO ID BY THE DATE DUE INDICATED AB FICE FOR THE PROPER FEE. (303) 89	OVE(UPPER LEFT 4-2251
ш	HAND CORNEH). IF YOU	THE FILING ALTER THE ST	SEE INSTRUCTIONS	ON BACK		

4