



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *87839*		2. Name of Corporation Someday Associates, Inc.			
3. Street Address Principal Business Office 694 NORTH BROADWAY			City EAST PROVIDENCE	State RI	Zip 02914
4. Business Phone No. 4014341430		5. State of Incorporation RHODE ISLAND			6. SIC Code 5553
7. Brief Description of the Character of Business Conducted in Rhode Island TO INVEST IN, MANAGE, DEVELOP, OWN, AND HOLD REAL PROPERTY.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Leslie Haworth		Vice President Name Leslie Haworth			
Street Address 694 North Broadway		Street Address 694 North Broadway			
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Leslie Haworth		Treasurer Name Leslie Haworth			
Street Address 694 North Broadway		Street Address 694 North Broadway			
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name none		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	NO PAR VALUE		100	Common	None

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\*\*87839\* 1/9/0310:31:18 AM\*

File Date **FILED**

Check No. **FEB 03 2005**

By: **2355**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

*Leslie Haworth* 2-3-05  
Signature of Officer Date

Leslie Haworth  
Print or Type Name of Officer

President  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *87839*		2. Name of Corporation Someday Associates, Inc.			
3. Street Address Principal Business Office 694 NORTH BROADWAY			City EAST PROVIDENCE	State RI	Zip 02914
4. Business Phone No. 4014341430		5. State of Incorporation RHODE ISLAND			6. SIC Code 5553
7. Brief Description of the Character of Business Conducted in Rhode Island TO INVEST IN, MANAGE, DEVELOP, OWN, AND HOLD REAL PROPERTY.					
8. NAMES AND ADDRESSES OF THE OFFICERS. ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Leslie Haworth		Vice President Name Leslie Haworth			
Street Address 694 North Broadway			Street Address 694 North Broadway		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Leslie Haworth		Treasurer Name Leslie Haworth			
Street Address 694 North Broadway			Street Address 694 North Broadway		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
9. NAMES AND ADDRESSES OF THE DIRECTORS. ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name none		Director Name			
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	NO PAR VALUE		100	Common	None

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 7 8 3 9 \*

\*\*87839\* 1/9/0310:31:18 AM\*

File Date 2/6/04

Check No. 12309

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 1/30/04  
Signature of Officer Date  
Leslie Haworth  
Print or Type Name of Officer  
President  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *87839*		2. Name of Corporation Someday Associates, Inc.			
3. Street Address Principal Business Office 694 NORTH BROADWAY			City EAST PROVIDENCE	State RI	Zip 02914
4. Business Phone No. 4014341430		5. State of Incorporation RHODE ISLAND		6. SIC Code 5553	
7. Brief Description of the Character of Business Conducted in Rhode Island TO INVEST IN, MANAGE, DEVELOP, OWN, AND HOLD REAL PROPERTY.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Leslie Haworth			Vice President Name Leslie Haworth		
Street Address 694 North Broadway			Street Address 694 North Broadway		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Leslie Haworth			Treasurer Name Leslie Haworth		
Street Address 694 North Broadway			Street Address 694 North Broadway		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE			100	Common	None

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 7 8 3 9 \*

\*\*87839\* 1/9/0310:31:18 AM\*

File Date \_\_\_\_\_

Check No. FEB 25 2003

By: [Signature]

FOR SECRETARY OF STATE USE ONLY [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 2/20/03

Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

Leslie Haworth

Print or Type Name of Officer \_\_\_\_\_

President

Title of Officer \_\_\_\_\_



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **87839** 2. Name of Corporation **Someday Associates, Inc.**  
3. Street Address Principal Business Office **694 North Broadway** City **East Providence** State **RI** Zip **02914**  
4. Business Phone No. **434-1430** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5553**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Real estate holding and management**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Leslie Haworth</b>	Vice President Name <b>Leslie Haworth</b>
Street Address <b>694 North Broadway</b>	Street Address <b>same</b>
City <b>East Providence</b> State <b>RI</b> Zip <b>02914</b>	City <b>same</b> State Zip
Secretary Name <b>Leslie Haworth</b>	Treasurer Name <b>Leslie Haworth</b>
Street Address <b>same</b>	Street Address <b>same</b>
City <b>same</b> State Zip	City <b>same</b> State Zip

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>No directors</b>	Director Name
Street Address	Street Address
City <b>same</b> State Zip	City <b>same</b> State Zip
Director Name	Director Name
Street Address	Street Address
City <b>same</b> State Zip	City <b>same</b> State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**8,000 NO PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 Common No par value**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 7 8 3 9 \*

File Date: 2-19-02  
2143  
Check No.: 2  
By: \_\_\_\_\_

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.  
Leslie Haworth 2/13/02  
Signature of Officer Date  
**Leslie Haworth**  
Print or Type Name of Officer  
**President**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **87839**      2. Name of Corporation  
**Someday Associates, Inc.**

3. Street Address Principal Business Office      City      State      Zip  
**694 North Broadway**      **East Providence**      **RI**      **02914**

4. Business Phone No.      5. State of Incorporation      6. SIC Code  
**434-1430**      **RHODE ISLAND**      **5553**

7. Brief Description of the Character of Business Conducted in Rhode Island

**Real estate holding and management**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)      FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Leslie Haworth</b>	Vice President Name <b>Leslie Haworth</b>
Street Address <b>694 North Broadway</b>	Street Address <b>694 North Broadway</b>
City      State      Zip <b>East Providence      RI      02914</b>	City      State      Zip <b>East Providence      RI      02914</b>

Secretary Name <b>Leslie Haworth</b>	Treasurer Name <b>Leslie Haworth</b>
Street Address <b>694 North Broadway</b>	Street Address <b>694 North Broadway</b>
City      State      Zip <b>East Providence      RI      02914</b>	City      State      Zip <b>East Providence      RI      02914</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)      FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>No directors</b>	Director Name
Street Address	Street Address
City      State      Zip	City      State      Zip
Director Name	Director Name
Street Address	Street Address
City      State      Zip	City      State      Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<b>8,000</b>	<b>NO PAR VALUE</b>	

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>No par value</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 7 8 3 9 \*

File Date: 2/27

Check No.: 2101

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature]      2/23/01  
Signature of Officer      Date

**Leslie Haworth**

Print or Type Name of Officer

**President**

Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **87839** 2. Name of Corporation **Someday Associates, Inc.**  
3. Street Address Principal Business Office  
**694 North Broadway**  
4. Business Phone No. **401-434-1430** 5. State of Incorporation **RHODE ISLAND**  
7. Brief Description of the Character of Business Conducted in Rhode Island

City State Zip  
**East Providence RI 02914**  
6. SIC Code  
**5553**

Real Estate Holding/Management

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name  
**Leslie Haworth**  
Street Address  
**694 North Broadway**  
City State Zip  
**East Providence RI 02914**

Vice President Name  
**Leslie Haworth**  
Street Address  
**Same**  
City State Zip

Secretary Name  
**Leslie Haworth**  
Street Address  
**Same**  
City State Zip

Treasurer Name  
**Leslie Haworth**  
Street Address  
**Same**  
City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name  
**None**  
Street Address  
City State Zip

Director Name  
Street Address  
City State Zip

Director Name  
Street Address  
City State Zip

Director Name  
Street Address  
City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**8,000 SHS NO PAR VALUE**

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 common zero**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 7 8 3 9 \*

File Date: 6/17

Check No.: 2067

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 6-5-00  
Signature of Officer Date

Leslie Haworth  
Print or Type Name of Officer

President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>87839</b>		2. Name of Corporation <b>Someday Associates, Inc.</b>	
3. Street Address Principal Business Office <b>694 North Broadway</b>		City <b>East Providence</b>	State <b>RI</b>
4. Business Phone No. <b>(401) 434-1430</b>		5. State of Incorporation <b>RHODE ISLAND</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>real estate holding/management</b>		6. SIC Code <b>5553</b>	
<b>8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>Leslie Haworth</b>		Vice President Name <b>Leslie Haworth</b>	
Street Address <b>694 North Broadway</b>		Street Address <b>Same</b>	
City <b>East Providence</b>	State <b>RI</b>	City <b>East Providence</b>	State <b>RI</b>
Zip <b>02914</b>		Zip <b>02914</b>	
Secretary Name <b>Leslie Haworth</b>		Treasurer Name <b>Leslie Haworth</b>	
Street Address <b>Same</b>		Street Address <b>Same</b>	
City <b>East Providence</b>	State <b>RI</b>	City <b>East Providence</b>	State <b>RI</b>
Zip <b>02914</b>		Zip <b>02914</b>	
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name <b>None</b>		Director Name <b>None</b>	
Street Address <b>None</b>		Street Address <b>None</b>	
City <b>None</b>	State <b>None</b>	City <b>None</b>	State <b>None</b>
Zip <b>None</b>		Zip <b>None</b>	
<b>10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)</b>			
AUTHORIZED SHARES			
Number of Shares <b>8,000 SHS NO PAR VALUE</b>	Class/Series <b>NO PAR VALUE</b>	Par Value <b>NO PAR VALUE</b>	
<b>11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)</b>			
ISSUED SHARES			
Number of Shares <b>100</b>	Class/Series <b>Common</b>	Par Value <b>Zero</b>	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

File Date: 3/17/99

Signature of Officer: Leslie Haworth Date: 2-28-99

Check No.: MAR 17 1999

Print or Type Name of Officer: Leslie Haworth

By: By [Signature] 1237

Title of Officer: President



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **87839** 2. Name of Corporation **Someday Associates, Inc.**  
3. Street Address Principal Business Office **694 North Broadway** City **East Providence** State **RI** Zip **02914**  
4. Business Phone No. **(401) 434-1430** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5553**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Purchase, develop, lease and manage real estate**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name <b>Leslie Haworth</b>	Vice President Name <b>Leslie Haworth</b>
Street Address <b>694 North Broadway</b>	Street Address <b>694 North Broadway</b>
City <b>East Providence</b> State <b>RI</b> Zip <b>02914</b>	City <b>East Providence</b> State <b>RI</b> Zip <b>02914</b>
Secretary Name <b>Leslie Haworth</b>	Treasurer Name <b>Leslie Haworth</b>
Street Address <b>694 North Broadway</b>	Street Address <b>694 North Broadway</b>
City <b>East Providence</b> State <b>RI</b> Zip <b>02914</b>	City <b>East Providence</b> State <b>RI</b> Zip <b>02914</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name <b>No directors</b>	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**8,000 SHS NO PAR VALUE COMMON**

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 shares Common No par value**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 7-10-98  
Check No.: 1198  
By: 10P

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer Leslie Haworth Date 7-7-98  
Print or Type Name of Officer Leslie Haworth  
Title of Officer President



**PROFIT CORPORATION ANNUAL REPORT 1997**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **87839** 2. Name of Corporation **Someday Associates, Inc.**  
3. Street Address Principal Business Office **694 North Broadway** City **East Providence** State **RI** Zip **02914**  
4. Business Phone No. **(401) 434-1430** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5553**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Purchase, develop, lease and manage real estate**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name <b>Leslie Haworth</b>	Vice President Name <b>Leslie Haworth</b>
Street Address <b>694 North Broadway</b>	Street Address <b>694 North Broadway</b>
City <b>East Providence</b> State <b>RI</b> Zip <b>02914</b>	City <b>East Providence</b> State <b>RI</b> Zip <b>02914</b>
Secretary Name <b>Leslie Haworth</b>	Treasurer Name <b>Leslie Haworth</b>
Street Address <b>694 North Broadway</b>	Street Address <b>694 North Broadway</b>
City <b>East Providence</b> State <b>RI</b> Zip <b>02914</b>	City <b>East Providence</b> State <b>RI</b> Zip <b>02914</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name <b>no directors</b>	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>8,000 SHS</b>	<b>NO PAR VALUE</b>		<b>100 shares</b>	<b>Common</b>	<b>No par value</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 7 8 3 9 \*

File Date: 6/24/97 10:11:00 AM 1-7 HRF  
Check No.: 1097  
By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] **JUNE 13, 1997**  
Signature of Officer Date

**Leslie Haworth**  
Print or Type Name of Officer

**President**  
Title of Officer