

OFFICE USE ONLY

BIENNIAL REPORT

As required by AS 10.06.805

FILE NO. 47363 D

FOR PERIOD ENDING DECEMBER 31, 19 92

Report and tax are due on or before January 2

State of Alaska
Corporations Section
P.O. Box 110808
Juneau, Alaska 99811-0808
(907) 465-2630

Filed for Record
State of Alaska

DEC 10 1992

1. Registered agent and registered office of record:

MCKINLEY CAPITAL MANAGEMENT, INC.
KH&G SERVICE COMPANY
255 E FIREWEED LN STE 200
ANCHORAGE AK. 99503

and F. *12-10-92*

CORPORATION TAX DUE:

DOMESTIC (Formed in Alaska)
\$0.00 plus \$37.50 penalty if report is
not postmarked on or before February 1*

FOREIGN (Not formed in Alaska)
\$200.00 plus \$47.50 penalty if report is
not postmarked before February 1*

69207908

100.00

2. Corporation organized under the laws of state/country of *ALASKA USA*

3. Address of principal corporation office in the state or country where incorporated. *3301 C Street Suite 110, Anchorage AK 99503*

4. Write a description of the business activities of the corporation in Alaska. *financial management*
Write any changes in SIC code below preprinted data.
Primary *6282* Secondary Other

5. Total number of authorized shares corporation may issue, as indicated in articles of incorporation.

No. of Shares	Class	Series	Par Value Per Share
<i>1,000</i>	<i>C</i>		<i>.000</i>

No. of Shares	Class	Series	Par Value Per Share

6. List the total number of issued shares. If no shares issued, write N/A.

No. of Shares	Class	Series	Par Value Per Share
<i>1000</i>	<i>C</i>		<i>.7</i>

No. of Shares	Class	Series	Par Value Per Share

7. Write the name, address and percentage of shares of each person owning AT LEAST 5% of the issued shares or of any class of shares. Attach list if necessary. If none, write N/A. (If shareholders are shown here, No. 6 must show issued shares.)

Name	Address	City	State	Zip Code	% of Shares
<i>Asset Management Trust</i>	<i>3301 C Street Suite 110</i>	<i>Anchorage</i>	<i>AK</i>	<i>99503</i>	<i>100% Owner</i>

8a. Write the names and addresses of the directors. Attach list if necessary. If none, write N/A.

Name	Address	City	State	Zip Code
<i>Robert E. Gilman</i>	<i>3301 C Street Suite 110</i>	<i>Anchorage</i>	<i>AK</i>	<i>99503</i>
<i>Vern L Padgett</i>	<i>3301 C Street Suite 110</i>	<i>Anchorage</i>	<i>AK</i>	<i>99503</i>
<i>Diane M. Wilke</i>	<i>3301 C Street Suite 110</i>	<i>Anchorage</i>	<i>AK</i>	<i>99503</i>

8b. Write the names and addresses of the officers. Attach list if necessary. If none, write N/A.

President: *VERN L PADGETT* *3301 C Street Suite 110*
Vice President: *—*
Secretary: *Diane M. Wilke* *Anchorage AK 99503*
Treasurer: *Diane M. Wilke* *Anchorage AK 99503*

9. Write the name and address of each alien affiliate and the percentage, if any, of shares controlled by each. Describe the relationship between the alien affiliates and the corporation. Attach list if necessary. If no affiliates, write N/A.
N/A

Before signing, you must respond to items numbered 2 through 9 or the report will not be filed. I understand that any officer or director who signs this form knowing it to contain information which is false in any material respect is subject to criminal prosecution under the provisions of AS 10.06.825.

12/14/92
Date

Diane Wilke
Signature

Secy Treas.
Title

MAIL ORIGINAL, SIGNED REPORT WITH \$\$\$\$\$\$ BEFORE THE JANUARY 2 DUE DATE