

No. 77001	Idaho Corporation Annual Report Form Due No Later Than November 1, 1992	2. Registered Agent and Office NOT A P.O. BOX GARY MULLARD 512 WEST IDAHO STREET BOISE ID 83702																								
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address — Please Correct, If Not Correct WOOD STOVE WORKS, INC. 512 WEST IDAHO STREET BOISE ID 83702 0000	3. Incorporated Under The Laws of ID NO: 77001																								
4. Names and Addresses of Officers and Directors																										
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 35%; text-align: center;"><u>Name</u></th> <th style="width: 30%; text-align: center;"><u>Street or P.O. Address</u></th> <th style="width: 15%; text-align: center;"><u>City</u></th> <th style="width: 10%; text-align: center;"><u>State</u></th> <th style="width: 15%; text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>GARY MULLARD</td> <td>P.O. Box 249</td> <td>OAKLEY</td> <td>ID.</td> <td>83346</td> </tr> <tr> <td>Secretary:</td> <td>Paul A Eis</td> <td>3509 Law</td> <td>Boise</td> <td>Id</td> <td>83706</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	GARY MULLARD	P.O. Box 249	OAKLEY	ID.	83346	Secretary:	Paul A Eis	3509 Law	Boise	Id	83706	Directors:					
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Directors:																										
5. Nature of Business wood stove Sales	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature Gary Mullard Name (Typed & Printed) GARY MULLARD </td> <td style="width: 40%;"> Date 7/24/92 Title President </td> </tr> </table>		Signature Gary Mullard Name (Typed & Printed) GARY MULLARD	Date 7/24/92 Title President																						
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