

## INSTRUCTIONS ON REVERSE SIDE

No. 74667	Idaho Corporation Annual Report Form  Due No Later Than November 1995	2. Registered Agent and Office NOT A P.O. BOX RALPH T. KLUSS <i>James T. Kluss</i> 1112-14 MAIN STREET
Return To  Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED		1. Mailing Address -- Please Correct If Not Correct <del>KLUSS APPLIANCE, INC.</del> <del>RALPH T. KLUSS</del> <i>James T. Kluss</i> 1112-14 MAIN STREET  LEWISTON ID 83501

## 4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Postal Code
President:	<i>James T. Kluss</i>	<i>407-5<sup>th</sup> Ave</i>	<i>Lewiston</i>	<i>Id</i>	<i>83501</i>
Secretary:					
Directors:	<i>Eileen M. Kluss</i>	<i>2410-13<sup>th</sup> Ave</i>	<i>Lewiston</i>	<i>Id</i>	<i>83501</i>
	<i>Ralph T. Kluss</i>	<i>2410-13<sup>th</sup> Ave</i>	<i>Lewiston</i>	<i>Id</i>	<i>83501</i>

## 5. Nature of Business

*Appliance for  
Sales & service*

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature

Name (Typed or Printed)

*James T. Kluss*  
*James T. Kluss*

Date

Title

*7/15/95*  
*President*