

ISSUED: 10-01-1992

No. 65771	Idaho Corporation Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX																				
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 ** FINAL NOTICE ** NO FEE REQUIRED	Due No Later Than November 1, 1992	MICHAEL D STEPHENS 721 -7TH AVENUE LEWISTON ID 83501 0000																				
	1. Mailing Address Please Correct If Not Correct CONSOLIDATED CAB CO., INC. MICHAEL D STEPHENS 721 7TH AVENUE LEWISTON ID 83501 0000	3. Incorporated Under The Laws of ID NO: 65771																				
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President: Micheal D. Stephens</td> <td></td> <td>Lewiston, Lewiston</td> <td></td> <td>83501</td> </tr> <tr> <td>Secretary: NO SECRETARY or Directors, This Corporation was closed</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors: on May 31, 1992. Consolidated Cab Co., Inc. has not been in operation due to an order to shut down operations.</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Name	Street or P.O. Address	City	State	Zip	President: Micheal D. Stephens		Lewiston, Lewiston		83501	Secretary: NO SECRETARY or Directors, This Corporation was closed					Directors: on May 31, 1992. Consolidated Cab Co., Inc. has not been in operation due to an order to shut down operations.				
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5. Nature of Business N/A	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 border="1"> <tr> <td>Signature <i>Michael D Stephens</i></td> <td>Date 10-7-92</td> </tr> <tr> <td>Name (Typed or Printed) MICHAEL D. STEPHENS</td> <td>Title PRES</td> </tr> </table>		Signature <i>Michael D Stephens</i>	Date 10-7-92	Name (Typed or Printed) MICHAEL D. STEPHENS	Title PRES																
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