

No. C 144687	Due no later than Jul 31, 2003 Annual Report Form		2. Registered Agent and Office Name												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		WILLIAM S IRWIN RT 1 BOX 513 COUNTY RD 22 BONNERS FERRY, ID 83805												
	QUALITY SAWZZZZ, INC. RT 1 BOX 513 BONNERS FERRY, ID 83805		3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>OWNER /operator Sole pti.</td> <td>William S. Irwin</td> <td>RT 1 Box 513</td> <td>BONNERS FERRY</td> <td>ID</td> <td>83805</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	OWNER /operator Sole pti.	William S. Irwin	RT 1 Box 513	BONNERS FERRY	ID	83805
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OWNER /operator Sole pti.	William S. Irwin	RT 1 Box 513	BONNERS FERRY	ID	83805										
5. Organized Under the Laws of: IDAHO C 144687	6. Signature <u>William S Irwin</u> Date <u>5-13-03</u> Name <small>(Typed or Printed)</small> <u>William S IRWIN</u> Title <u>OWNER/operator</u>														