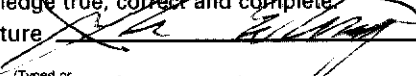


No. <b>W 359</b>	<b>Annual Report Form</b> <i>Due No Later Than November 30, 1996</i>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, if Not Correct		JOHN V EATINGER 545 W 25TH ST  IDAHO FALLS ID 83404													
	J&B EXCAVATING, L.L.C. JOHN V EATINGER 545 W 25TH ST		3. Organized Under the Laws of:													
	* FIRST NOTICE * IDAHO FALLS ID 83404		ID W 359													
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one) <table border="1" data-bbox="74 361 1428 452"> <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>Manager</td> <td>John Eatinger</td> <td>645 W. 25th</td> <td>Idaho Falls,</td> <td>ID</td> <td>83402</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City -	State	Zip	Manager	John Eatinger	645 W. 25th	Idaho Falls,	ID	83402
Office held	Name	Street or P.O. Address	City -	State	Zip											
Manager	John Eatinger	645 W. 25th	Idaho Falls,	ID	83402											
5. SIGNATURE OF CURRENT RA		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  Date <u>7/24/96</u> Name <small>(Typed or Printed)</small> <u>John Eatinger</u> Title <u>Manager</u>														

ISSUED: 07-08-1996

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