

<b>No. 72942</b>	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1992		2. Registered Agent and Office NOT A P.O. BOX  <b>THOMAS N. OLSON</b> <b>HIGHWAY 55</b>  <b>CASCADE ID 83611</b>						
Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  <b>* FIRST NOTICE *</b> <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct  <b>OLSON'S EXCAVATING, INC.</b> <b>THOMAS N. OLSON</b> <b>P. O. BOX 487</b>  <b>CASCADE ID 83611 0000</b>		3. Incorporated Under The Laws of <b>ID</b>  <b>NO: 72942</b>						
4. Names and Addresses of Officers and Directors									
<table style="width: 100%; border: none;"> <tr> <th style="text-align: left; width: 10%;"></th> <th style="text-align: left; width: 35%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </table>					<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>				
President:	<b>TOM N. OLSON</b>	<b>Box 487</b>	<b>Cascade,</b>	<b>Ida</b>	<b>83611</b>				
Secretary:	<b>Frances F. Olson</b>	<b>"</b>	<b>"</b>	<b>"</b>	<b>"</b>				
Directors:									
5. Nature of Business <b>Land Excavating</b>		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 <b>Frances Olson</b> <small>(Typed or Printed Name)</small>		Date <b>July 10 - 92</b> Title <b>Sec. Vice</b>							