

INSTRUCTIONS ON REVERSE SIDE

108943 No.	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX																									
Return To	Due No Later Than November 30, 1995		RICHARD A MASTERS 0315 4TH ST																									
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		LEWISTON ID 83501																									
	MASTERS BODY WORKS, INC. RICHARD A MASTERS 0315 4TH ST LEWISTON ID 83501		3. Incorporated Under The Laws of ID NO: 108943																									
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>RICHARD A. MASTERS</td> <td>1608 POWERS</td> <td>LEWISTON</td> <td>ID</td> <td>83501</td> </tr> <tr> <td>Secretary:</td> <td>DEBRA A. MASTERS</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Postal Code	President:	RICHARD A. MASTERS	1608 POWERS	LEWISTON	ID	83501	Secretary:	DEBRA A. MASTERS	"	"	"	"	Directors:					
	Name	Street or P.O. Address	City	State	Postal Code																							
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Secretary:	DEBRA A. MASTERS	"	"	"	"																							
Directors:																												
5. Nature of Business Auto Collision Repair	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 <u>Richard A. Masters</u> Date <u>7-20-95</u> Name (Typed or Printed) <u>RICHARD A. MASTERS</u> Title <u>PRES</u>																											