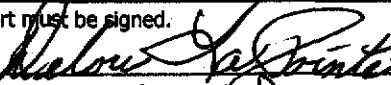


No. C 124590		Due no later than 6/30/2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. CERTIFIED WELDING AND FABRICATION, INC. DELORE LAPOINTE PO BOX 2611 OROFINO ID 83544		DELORE LAPOINTE 1265 LOWER WELLS BENCH RD OROFINO ID 83544		
NO FILING FEE IF RECEIVED BY DUE DATE				3. New Registered Agent Signature:		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.						
Office Held	Name	Street or PO Address	City	State	Zip	
President	Delore Lapointe	P.O. Box 2611	Orofino	ID	83544	
Secretary	Marilyn Lapointe	P.O. Box 2611	Orofino	ID	83544	
5. Organized Under the Laws of: ID C 124590		6. Annual Report must be signed. Signature:  Name(type or print): Delore Lapointe				
		Date: 5-27-09 Title: President				

Issued 5/15/2009 by KAH

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