

No. <b>C109369</b>	<b>Annual Report Form</b> Due No Later Than November 30, <b>1996</b>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>  WADE HARRIS 13895 NOUNAN RD  SODA SPRINGS ID 83276																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct  WADE HARRIS TRUCKING, INC. WADE HARRIS 13895 NOUNAN RD  SODA SPRINGS ID 83276		3. Organized Under the Laws of:  ID <b>C109369</b>																			
	4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Office held</th> <th style="width: 20%;">Name</th> <th style="width: 30%;">Street or P.O. Address</th> <th style="width: 15%;">City</th> <th style="width: 10%;">State</th> <th style="width: 15%;">Zip</th> </tr> </thead> <tbody> <tr> <td>Pres.</td> <td>Wade G Harris</td> <td>13895 Nounan RD</td> <td>Soda Springs</td> <td>ID</td> <td>83276</td> </tr> <tr> <td>Sec.</td> <td>Renee B Harris</td> <td>13895 Nounan RD</td> <td>Soda Springs</td> <td>ID</td> <td>83276</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Pres.	Wade G Harris	13895 Nounan RD	Soda Springs	ID	83276	Sec.	Renee B Harris	13895 Nounan RD	Soda Springs	ID	83276
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Sec.	Renee B Harris	13895 Nounan RD	Soda Springs	ID	83276																	
5. NATURE OF BUSINESS  TRUCKING		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>Wade G Harris</u> Date <u>Dec 1 96</u> Name (Typed or Printed) <u>Wade G Harris</u> Title <u>Pres</u>																				

ISSUED: 07-06-1995

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