

No. C114755	Annual Report Form Due No Later Than November 30, 1996		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address: Please Enclose If Not Current CUSTOM ALTERNATIVES, INC. RICK PETERS 8205 PACK RIVER RD SANDPOINT ID 83864		RICK PETERS 8205 PACK RIVER RD SANDPOINT ID 83864 3. Organized Under the Laws of ID C114755																			
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="1" data-bbox="51 362 1493 692"> <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>President</td> <td>Rick Peters</td> <td>8205 Pack River Rd.</td> <td>Sandpoint</td> <td>ID.</td> <td>83864</td> </tr> <tr> <td>Secretary</td> <td>Brigitte Peters</td> <td>8205 Pack River Rd.</td> <td>Sandpoint</td> <td>ID.</td> <td>83864</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	Rick Peters	8205 Pack River Rd.	Sandpoint	ID.	83864	Secretary	Brigitte Peters	8205 Pack River Rd.	Sandpoint	ID.	83864
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5. NATURE OF BUSINESS PAPER MACHINE CLOTHING	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><i>[Signature]</i></u> Date <u>7-17-96</u> Name <u>Rick Peters</u> Title <u>President</u>																					

ISSUED: 07-06-1996

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