

No. 84901	Idaho Corporation Annual Report Form		2. Registered Agent and Office																									
Return To	Due No Later Than November 1.		ROBERT H. STOKER ROUTE 5, BOX 109																									
Secretary of State Room 203, Statehouse Boise, ID 83720 ** FINAL NOTICE ** NO FEE REQUIRED	1. Mailing Address — Please Correct		RUPERT ID 83350																									
	SHAROB ENTERPRISES, INC. ROBERT H. STOKER ROUTE 5, BOX 109		3. Incorporated Under The Laws of ID NO: 084901																									
	RUPERT ID 83350																											
4. Names and Addresses of Officers and Directors																												
<table border="1"> <thead> <tr> <th data-bbox="51 402 431 444"></th> <th data-bbox="431 402 728 444"><u>Name</u></th> <th data-bbox="728 402 1080 444"><u>Street or P.O. Address</u></th> <th data-bbox="1080 402 1339 444"><u>City</u></th> <th data-bbox="1339 402 1455 444"><u>State</u></th> <th data-bbox="1455 402 1633 444"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="51 444 431 497">President:</td> <td data-bbox="431 444 728 497">ROBERT STOKER</td> <td data-bbox="728 444 1080 497">RT. 5 BOX 109</td> <td data-bbox="1080 444 1339 497">RUPERT</td> <td data-bbox="1339 444 1455 497">ID.</td> <td data-bbox="1455 444 1633 497">83350</td> </tr> <tr> <td data-bbox="51 497 431 540">Secretary:</td> <td data-bbox="431 497 728 540">EMAREN STOKER</td> <td data-bbox="728 497 1080 540">" "</td> <td data-bbox="1080 497 1339 540">"</td> <td data-bbox="1339 497 1455 540">"</td> <td data-bbox="1455 497 1633 540">"</td> </tr> <tr> <td data-bbox="51 540 431 849">Directors:</td> <td data-bbox="431 540 728 849"></td> <td data-bbox="728 540 1080 849"></td> <td data-bbox="1080 540 1339 849"></td> <td data-bbox="1339 540 1455 849"></td> <td data-bbox="1455 540 1633 849"></td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	ROBERT STOKER	RT. 5 BOX 109	RUPERT	ID.	83350	Secretary:	EMAREN STOKER	" "	"	"	"	Directors:					
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																							
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Secretary:	EMAREN STOKER	" "	"	"	"																							
Directors:																												
5. Nature of Business	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.																											
TRUCKING	Signature <u>Robert H. Stoker</u> Name (Typed or Printed) ROBERT H. STOKER	Date 10-21-90 Title PRES.																										