

No. C 73148	<b>Annual Report Form</b> 1996 Due No Later Than November 30,		2. Registered Agent and Office <b>NOT A P.O. BOX</b>																									
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		MAX H. RIRIE 149 CHESTNUT STREET																									
	AGPARTS MANUFACTURING, INC. MAX H. RIRIE P. O. BOX 50796		IDAHO FALLS ID 83402																									
	IDAHO FALLS ID 83405		3. Organized Under the Laws of:  ID C 73148																									
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one) <table border="1" data-bbox="19 361 1463 686"> <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><del>MARS.</del></td> <td>MAX H. RIRIE</td> <td>149 Chestnut</td> <td>IDAHO Falls</td> <td>ID</td> <td>83402</td> </tr> <tr> <td>SECY.</td> <td>MAR DEAN RIRIE</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>DIR. &amp; V.P.</td> <td>KIRK M. RIRIE</td> <td>989 W 6th So.</td> <td>-</td> <td>-</td> <td>83402</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	<del>MARS.</del>	MAX H. RIRIE	149 Chestnut	IDAHO Falls	ID	83402	SECY.	MAR DEAN RIRIE	-	-	-	-	DIR. & V.P.	KIRK M. RIRIE	989 W 6th So.	-	-	83402
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5. NATURE OF BUSINESS  MANUFACTURING		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>Max H. Ririe</u> Date <u>7-13-96</u> Name (Typed or Printed) <u>MAX H. RIRIE</u> Title <u>President</u>																										

ISSUED: 07-06-1996

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