

No. C 56623	Annual Report Form 1996 <i>Due No Later Than November 30,</i>		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 Correct, If Not Correct SQUIRES BRICK, INC. REED E. SQUIRES 127 SOUTH 5TH WEST		REED E. SQUIRES 127 SOUTH FIFTH STREET REXBURG ID 83440																									
	REXBURG ID 83440		3. Organized Under the Laws of: ID C 56623																									
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 style="width: 100%; border: none;"> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																		
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5. NATURE OF BUSINESS BUILDING MATERIALS DISTRIBUTOR		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>Tom Squires</u> Date <u>07/25/96</u> Name <small>(Typed or Printed)</small> <u>Tom Squires</u> Title <u>Manager</u>																										

ISSUED: 07-06-1996

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