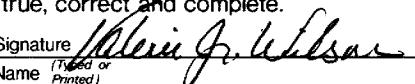


ISSUED: 07-05-1994

| No. 102704 | Idaho Corporation Annual Report Form Due No Later Than November 1, 1994 | | 2. Registered Agent and Office | | | | | | | | | | | | | | | | | | | | | |
|--|---|--------|--------------------------------------|-------|------|------------------------|------|-------|-----|-------------------------|----------------------|--------|-------|-------|---------------------------|----------------------|--------|-------|---|------------|--|--|--|--|
| Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED | 1. Mailing Address — BRIAN WILSON TRUCKING, INC. BRIAN WILSON 1639 GREENFIELD LOOP EMMETT ID 83617 | | BRIAN WILSON 1639 GREENFIELD LOOP | | | | | | | | | | | | | | | | | | | | | |
| | | | EMMETT ID 83617 | | | | | | | | | | | | | | | | | | | | | |
| 4. Names and Addresses of Officers and Directors | <table border="0"> <thead> <tr> <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: Brian Wilson</td> <td>1639 Greenfield Loop</td> <td>Emmett</td> <td>Idaho</td> <td>83617</td> </tr> <tr> <td>Secretary: Valerie Wilson</td> <td>1639 Greenfield Loop</td> <td>Emmett</td> <td>Idaho</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | Name | Street or P.O. Address | City | State | Zip | President: Brian Wilson | 1639 Greenfield Loop | Emmett | Idaho | 83617 | Secretary: Valerie Wilson | 1639 Greenfield Loop | Emmett | Idaho | " | Directors: | | | | |
| Name | Street or P.O. Address | City | State | Zip | | | | | | | | | | | | | | | | | | | | |
| President: Brian Wilson | 1639 Greenfield Loop | Emmett | Idaho | 83617 | | | | | | | | | | | | | | | | | | | | |
| Secretary: Valerie Wilson | 1639 Greenfield Loop | Emmett | Idaho | " | | | | | | | | | | | | | | | | | | | | |
| Directors: | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Nature of Business Log Hauling | 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  Name (Typed or Printed) Valerie J. Wilson | | | | | | | | | | | | | | | | | | | | | | | |
| | Date 7-20-94 Title | | | | | | | | | | | | | | | | | | | | | | | |