


No. 082591	Idaho Corporation Annual Report Form		2. Registered Agent and Office																															
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 RECEIVED SEC. OF STATE 08 NOV 7 PM 2 44	Due No Later Than November 1, 1988		DON TRUJILLO 394 WOODSIDE AVENUE POST FALLS, IDAHO 83854 ENTERED NOV 16 1988																															
	1. Mailing Address — Please Correct 082591																																	
	CERTIFIED EQUIPMENT, INC. DON TRUJILLO 394 WOODSIDE AVENUE POST FALLS, IDAHO 83854 RECEIVED SEC. OF STATE 08 NOV 16 AM 8 59		3. Incorporated Under The Laws of STATE OF IDAHO																															
4. Names and Addresses of Officers and Directors																																		
<table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>DON TRUJILLO</td> <td>394 WOODSIDE AVE</td> <td>POST FALLS, ID</td> <td></td> <td>83854</td> </tr> <tr> <td>Secretary:</td> <td>JAMES HAVERLOCK</td> <td>NO. 2850 HWY 41</td> <td>POST FALLS, ID</td> <td></td> <td>83854</td> </tr> <tr> <td>Directors:</td> <td>NONA TRUJILLO</td> <td>394 WOODSIDE AVE.</td> <td>POST FALLS, ID</td> <td></td> <td>83854</td> </tr> <tr> <td></td> <td>JOAN PHYLLIS HAVERLOCK</td> <td>NO. 2850 HWY 41</td> <td>POST FALLS, ID</td> <td></td> <td>83854</td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	DON TRUJILLO	394 WOODSIDE AVE	POST FALLS, ID		83854	Secretary:	JAMES HAVERLOCK	NO. 2850 HWY 41	POST FALLS, ID		83854	Directors:	NONA TRUJILLO	394 WOODSIDE AVE.	POST FALLS, ID		83854		JOAN PHYLLIS HAVERLOCK	NO. 2850 HWY 41	POST FALLS, ID		83854
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5. Nature of Business Manufacturing of Diesel Test Equipment		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) DON TRUJILLO Date 11/03/88 Title PRESIDENT																																