

No. C110166	Annual Report Form Due No Later Than November 30, 1996	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 RICK'S REPAIR, INC. RICK J KNOX HCR 5 BOX 145	RICK J KNOX HCR 5 BOX 145 PRIEST RIVER ID 83856																		
* FIRST NOTICE * PRIEST RIVER ID 83856		3. Organized Under the Laws of: ID C110166																		
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;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">President</td> <td style="vertical-align: top;">Rickie Knox</td> <td style="vertical-align: top;">HCR 5 Box 145 Mile 27 Hwy 57</td> <td style="vertical-align: top;">Priest River</td> <td style="vertical-align: top;">Id</td> <td style="vertical-align: top;">83856</td> </tr> <tr> <td style="vertical-align: top;">Secretary</td> <td style="vertical-align: top;">Darla Knox</td> <td style="vertical-align: top;">HCR 5 Box 145 Mile 27 Hwy 57</td> <td style="vertical-align: top;">Priest River</td> <td style="vertical-align: top;">Id</td> <td style="vertical-align: top;">83856</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	President	Rickie Knox	HCR 5 Box 145 Mile 27 Hwy 57	Priest River	Id	83856	Secretary	Darla Knox	HCR 5 Box 145 Mile 27 Hwy 57	Priest River	Id	83856
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5. NATURE OF BUSINESS <i>Truck & Equipment Repair</i> ANY LAWFUL		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><i>Rickie Knox</i></u> Date <u><i>7-23-96</i></u> Name (Typed or Printed) <u><i>RICKIE KNOX</i></u> Title <u><i>President</i></u>																		

ISSUED: 07-06-1996

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