

No. C115463	Annual Report Form <i>Due No Later Than November 30, 1996</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		DARCIA HUMMEL COUNTRY RD NO. 32 BONNERS FERRY ID 83805																						
	GARY HUMMEL, INC. DARCIA HUMMEL BOX 427		3. Organized Under the Laws of: ID C115468																						
<p> * FIRST NOTICE * BONNERS FERRY ID 83805 </p> <p> 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) </p> <table border="0"> <thead> <tr> <th></th> <th><u>Office held</u></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></td> <td>Gary Hummel</td> <td>P.O.Box 427</td> <td>Bonnors Ferry</td> <td>Id.</td> <td>83805</td> </tr> <tr> <td>Secretary</td> <td></td> <td>Gary Darcia Hummel</td> <td>P.O.Box 427</td> <td>Bonnors Ferry</td> <td>Id.</td> <td>83805</td> </tr> </tbody> </table>						<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President		Gary Hummel	P.O.Box 427	Bonnors Ferry	Id.	83805	Secretary		Gary Darcia Hummel	P.O.Box 427	Bonnors Ferry	Id.	83805
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Secretary		Gary Darcia Hummel	P.O.Box 427	Bonnors Ferry	Id.	83805																			
5. NATURE OF BUSINESS EXCAVATING		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>Darcia Hummel</u> Date <u>7-17-96</u> Name (Typed or Printed) <u>Darcia Hummel</u> Title <u>Secretary</u>																							

ISSUED: 07-06-1996

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