

ISSUED: 10-04-1990

<b>No.</b> 89104 Return To <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  <b>** FINAL NOTICE **</b> <b>NO FEE REQUIRED</b>	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1. Mailing Address — Please Correct  COUNTRY MECHANICAL, INC. RICHARD ELLIS 235 2ND WEST  BIRIE ID 83443	2. Registered Agent and Office  RICHARD ELLIS 235 2ND WEST  BIRIE ID 83443 3. Incorporated Under The Laws of ID  NO: 089104																								
4. Names and Addresses of Officers and Directors <table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Name</u></th> <th style="text-align: center;"><u>Street or P.O. Address</u></th> <th style="text-align: center;"><u>City</u></th> <th style="text-align: center;"><u>State</u></th> <th style="text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Richard Ellis</td> <td>P.O. Box 10</td> <td>Arvin</td> <td>ID</td> <td>83443</td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Richard Ellis	P.O. Box 10	Arvin	ID	83443	Secretary:						Directors:					
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President:	Richard Ellis	P.O. Box 10	Arvin	ID	83443																					
Secretary:																										
Directors:																										
5. Nature of Business manufacturing	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">           Signature <i>Richard W. Ellis</i>            Name (Typed or Printed) Richard Ellis         </td> <td style="width: 40%;">           Date 10-17-80            Title Pres         </td> </tr> </table>		Signature <i>Richard W. Ellis</i> Name (Typed or Printed) Richard Ellis	Date 10-17-80 Title Pres																						
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