

No. C 43827	Due no later than May 31, 2003 Annual Report Form 1. Mailing Address - Correct in this box if applicable: PARRISH MOVING SPECIALTIES, INC. EUGENE PARRISH BOX 504 BLACKFOOT, ID 83221	2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		EUGENE B. PARRISH 29 WEST 50 SOUTH MITCHELL RD BLACKFOOT, ID 83221																		
3. <u>New</u> Registered Agent Signature																				
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Pres</td> <td>EUGENE B PARRISH</td> <td>29 W 50 S MITCHELL RD</td> <td>BLACKFOOT ID</td> <td></td> <td>83221</td> </tr> <tr> <td>Sec</td> <td>ANGELLEN PARRISH</td> <td>29 W 50 S MITCHELL RD</td> <td>BLACKFOOT ID</td> <td></td> <td>83221</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	Pres	EUGENE B PARRISH	29 W 50 S MITCHELL RD	BLACKFOOT ID		83221	Sec	ANGELLEN PARRISH	29 W 50 S MITCHELL RD	BLACKFOOT ID		83221
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5. Organized Under the Laws of: IDAHO C 43827	6. Signature <u>Angelen Parrish, Sec.</u> Date <u>3/19/03</u> Name (Typed or Printed) <u>Angelen Parrish, sec.</u> Title <u>Secretary</u>																			