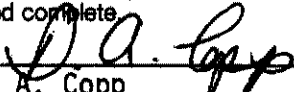
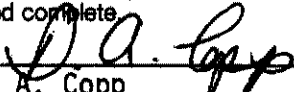
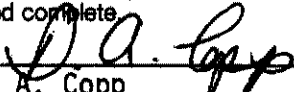


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No.	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX																																			
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Due No Later Than November 1, 1991		E.A. COPP																																			
	1. Mailing Address — Please Correct, If Not Correct		HCR 85 - BOX 336																																			
	COPP PAVING CO., INC. E.A. COPP 14146 EAST FIRESTONE BOUL SANTA FE SPRING CA 90670		BONNERS FERRY ID 83805 3. Incorporated Under The Laws of CA NO: 067587																																			
4. Names and Addresses of Officers and Directors																																						
<table border="0"> <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>Ernest A. Copp</td> <td>HCR 85 - Box 336</td> <td>Bonnors Ferry</td> <td>Idaho</td> <td>83805</td> </tr> <tr> <td>Secretary:</td> <td>D. A. Copp</td> <td>14146 E. Firestone Blvd.</td> <td>Santa Fe Springs</td> <td>Calif</td> <td>90670</td> </tr> <tr> <td rowspan="3">Directors:</td> <td>Ernest A. Copp</td> <td>HCR 85 - Box 336</td> <td>Bonnors Ferry</td> <td>Idaho</td> <td>83805</td> </tr> <tr> <td>D. A. Copp</td> <td>14146 E. Firestone Blvd.</td> <td>Santa Fe Springs</td> <td>Calif</td> <td>90670</td> </tr> <tr> <td>K. S. Ayres</td> <td>14146 E. Firestone Blvd.</td> <td>Santa Fe Springs</td> <td>Calif</td> <td>90670</td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Ernest A. Copp	HCR 85 - Box 336	Bonnors Ferry	Idaho	83805	Secretary:	D. A. Copp	14146 E. Firestone Blvd.	Santa Fe Springs	Calif	90670	Directors:	Ernest A. Copp	HCR 85 - Box 336	Bonnors Ferry	Idaho	83805	D. A. Copp	14146 E. Firestone Blvd.	Santa Fe Springs	Calif	90670	K. S. Ayres	14146 E. Firestone Blvd.	Santa Fe Springs	Calif	90670
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5. Nature of Business Investments		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"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>July 17, 1991</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>D. A. Copp</td> <td>Title</td> <td>Secretary-Treasurer</td> </tr> </table>			Signature		Date	July 17, 1991	Name (Typed or Printed)	D. A. Copp	Title	Secretary-Treasurer																										
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