

No. C108460	Annual Report Form 1996 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX JOHN W PERRY 1124 BURRELL AVE #216 LEWISTON ID 83501																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, if Not Correct CONDATCO, INC. JOHN W PERRY 523 1/2 MAIN ST STE 203 621D LEWISTON ID 83501		3. Organized Under the Laws of: ID C108460																			
	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-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 10%;">Office held</th> <th style="text-align: left; width: 20%;">Name</th> <th style="text-align: left; width: 30%;">Street or P.O. Address</th> <th style="text-align: left; width: 15%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 15%;">Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>JOHN W. PERRY</td> <td>1124 BURRELL AVE., #216</td> <td>LEWISTON,</td> <td>ID</td> <td>83501</td> </tr> <tr> <td>SECRETARY</td> <td>PAULA F. PERRY</td> <td>" " " "</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	JOHN W. PERRY	1124 BURRELL AVE., #216	LEWISTON,	ID	83501	SECRETARY	PAULA F. PERRY	" " " "	"	"	"
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SECRETARY	PAULA F. PERRY	" " " "	"	"	"																	
5. NATURE OF BUSINESS SERVICE		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>John W. Perry</i></u> Date <u>07-19-96</u> Name <small>(Typed or Printed)</small> <u>JOHN W. PERRY</u> Title <u>PRESIDENT</u>																				
ISSUED: 07-06-1996		11048																				