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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| 1. Annual Report Form<br>Due No Later Than November 30, 1998                                                                                                                                                                                                  |                  | 2. Registered Agent and Office NOT A P.O. BOX<br><b>MAX H PARKINSON</b><br>1185 N 3500 E<br>ASHTON ID 83420                                                   |                        |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><b>NO FEE REQUIRED</b><br><b>* FIRST NOTICE *</b>                                                                                                           |                  | 1. Mailing Address - Please Correct, If Not Correct<br><b>MAX D. PARKINSON &amp; SONS, INC</b><br><b>MAX H. PARKINSON</b><br>1185 N 3500 E<br>ASHTON ID 83420 |                        |
| 3. Organized Under the Laws of:<br>ID C 39242                                                                                                                                                                                                                 |                  |                                                                                                                                                               |                        |
| 4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b><br>Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one) |                  |                                                                                                                                                               |                        |
| <u>Office held</u>                                                                                                                                                                                                                                            | <u>Name</u>      | <u>Street or P.O. Address</u>                                                                                                                                 | <u>City State Zip</u>  |
| President & Secretary                                                                                                                                                                                                                                         | Max H. Parkinson | 1185 N. 3500 E.                                                                                                                                               | Ashton, Id 83420       |
| Vice President                                                                                                                                                                                                                                                | Gul H. Parkinson | 742 N. 2900 E.                                                                                                                                                | st. Anthony, Id 83445  |
| 5. Signature of New Registered Agent                                                                                                                                                                                                                          |                  | 6.                                                                                                                                                            |                        |
|                                                                                                                                                                                                                                                               |                  | Signature <u>Max H. Parkinson</u>                                                                                                                             | Date <u>9/15/98</u>    |
|                                                                                                                                                                                                                                                               |                  | Name (Typed or Printed) <u>Max H. Parkinson</u>                                                                                                               | Title <u>President</u> |

ISSUED: 07-03-1998

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DO NOT TAPE OR STAPLE