

No. C106892	Annual Report Form 1996 <i>Due No Later Than November 30,</i>	2. Registered Agent and Office NOT A P.O. BOX <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> KELLY THOMPSON 2045 HORIZON DR POCATELLO ID 83201 </div>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> NDE SERVICES, INC. KELLY THOMPSON 2045 HORIZON DR POCATELLO ID 83201 </div>	3. Organized Under the Laws of: <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> ID C106892 </div>
* FIRST NOTICE *		
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)		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>
<u>City</u>	<u>State</u>	<u>Zip</u>
President	Kelly Thompson	2045 Horizon Dr
Secretary	Bernard Thompson	2045 Horizon Dr
		Pocatello ID 83201
		Pocatello ID 83201
5. NATURE OF BUSINESS <i>Quality Assurance</i> ANY LAWFUL	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>Bernard Thompson</u> Date <u>7-19-96</u> Name (Typed or Printed) <u>Bernard Thompson</u> Title <u>Secretary</u>	

ISSUED: 07-06-1995

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