

| No. C111324 | Annual Report Form <i>Due No Later Than November 30,</i> | 1996 | 2. Registered Agent and Office NOT A P.O. BOX | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|------------------------|--|-------------|-------|------------------------|------|-------|-----|-------|----------------|-----------------|-------|----|-------|-----------|----------------|-----------------|-------|----|-------|---------------------------|--|--|--|--|--|
| 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 S & G PROPERTIES, INC. VIRGINIA GAYLE PERRYMAN 903 BONNIE BRAE | | VIRGINIA GAYLE PERRYMAN 903 BONNIE BRAE NAMPA ID 83651 | | | | | | | | | | | | | | | | | | | | | | | | |
| * FIRST NOTICE * | NAMPA ID 83651 | | 3. Organized Under the Laws of: ID C111324 | | | | | | | | | | | | | | | | | | | | | | | | |
| 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>PRES.</td> <td>SCOTT PERRYMAN</td> <td>903 BONNIE BRAE</td> <td>NAMPA</td> <td>ID</td> <td>83651</td> </tr> <tr> <td>SECRETARY</td> <td>GAYLE PERRYMAN</td> <td>903 BONNIE BRAE</td> <td>NAMPA</td> <td>ID</td> <td>83651</td> </tr> <tr> <td colspan="6" style="padding-top: 10px;">DIRECTORS - SAME AS ABOVE</td> </tr> </tbody> </table> | | | | Office held | Name | Street or P.O. Address | City | State | Zip | PRES. | SCOTT PERRYMAN | 903 BONNIE BRAE | NAMPA | ID | 83651 | SECRETARY | GAYLE PERRYMAN | 903 BONNIE BRAE | NAMPA | ID | 83651 | DIRECTORS - SAME AS ABOVE | | | | | |
| Office held | Name | Street or P.O. Address | City | State | Zip | | | | | | | | | | | | | | | | | | | | | | |
| PRES. | SCOTT PERRYMAN | 903 BONNIE BRAE | NAMPA | ID | 83651 | | | | | | | | | | | | | | | | | | | | | | |
| SECRETARY | GAYLE PERRYMAN | 903 BONNIE BRAE | NAMPA | ID | 83651 | | | | | | | | | | | | | | | | | | | | | | |
| DIRECTORS - SAME AS ABOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. NATURE OF BUSINESS ANY LAWFUL REMODELING | 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>Gayle Perryman</i></u> Date <u>8-6-96</u> Name (Typed or Printed) <u>GAYLE PERRYMAN</u> Title <u>Secretary</u> | | | | | | | | | | | | | | | | | | | | | | | | | | |
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