| No. 69936   | INSTRUCTIONS ON REVERSE SIDE  Idaho Corporation Annual Report Form  |                                 | 2. Registered Agent and Office |                                   |            |
|---|---|---------------------------------|--------------------------------|-----------------------------------|------------|
| Return To Secretary of State Room 203, Statehouse Boise, ID 83720 | Due No Later Than November 1, 1990  1. Mailing Address — Please Correct  DURA-TOP OF IDAHO CORP. TOMMY G. HISAW P. 0. BOX 669 |                                 | TOMMY G. HIS                   |                                   | -          |
|   |   |                                 | ZAON MIZE MY                   | 2960 WISE WAY                     |            |
|   |   |                                 | BOISE                          | ID                                | 83712      |
|   |   |                                 | 3. Incorporated Under T        | 3. Incorporated Under The Laws of |            |
| NO FEE REQUIRED   | BOISE   | ID 83701                        | NO: 069936                     |                                   |            |
| <ol> <li>Names and Addresses of Office</li> </ol>                 | ers and Directors   |                                 |                                |                                   |            |
|   | <u>Name</u>   | Street or P.O. Address          | <u>City</u>                    | <u>State</u>                      | <u>Zip</u> |
| President:  | OMMY G. HISAW   | 10834 Sandhurst Dr.             | . Boise                        | ID.                               | 83709      |
|   | ATRICIA A. HISAW<br>ame As Above.   | 10834 Sandhurst Dr.             | . Boise                        | ID.                               | 83709      |
|   |   |                                 |                                |                                   |            |
|   |   |                                 |                                |                                   |            |
|   |   |                                 |                                |                                   |            |
|   |   |                                 |                                |                                   | ÷          |
| . Nature of Business  | 6. I certify tha  | t this Annual Report has been e | xamined by me and is to the I  | best of my                        | knowledge  |
| Custom Manufacturir   | ng true, correct Signature  | and complete.                   |                                | ^ ~ ×                             | . <b>.</b> |
| Furnishings   |   | 1000 AHA KATTLEON               | Date .                         | ( ) ( ( ) ( )                     |            |