

No. C 47564	Annual Report Form Due No Later Than November 30, 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 * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct LEMHI LUMBER CO. LYDIA SCHOFIELD P. O. BOX 922 SALMON ID 83467		LYDIA SCHOFIELD 502 COURTHOUSE DRIVE SALMON ID 83467																															
	3. Organized Under the Laws of: ID C 47564																																	
	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 border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Office held</th> <th style="width: 25%;">Name</th> <th style="width: 30%;">Street or P.O. Address</th> <th style="width: 15%;">City</th> <th style="width: 10%;">State</th> <th style="width: 5%;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>John W. Hancock, III</td> <td>6265 E. Second St.</td> <td>Long Beach</td> <td>Ca.</td> <td>90803</td> </tr> <tr> <td>Vice-Pres.</td> <td>Linda L. Florie</td> <td>631 Devon Place</td> <td>Long Beach,</td> <td>Ca.</td> <td>90807</td> </tr> <tr> <td>Secretaty</td> <td>Kathleen A. Hovren</td> <td>P. O. Box 1151</td> <td>Challis,</td> <td>Id.</td> <td>83226</td> </tr> <tr> <td>Treasurer</td> <td>Lydia Schofield</td> <td>P. O. Box 922</td> <td>Salmon,</td> <td>Id.</td> <td>83467</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	John W. Hancock, III	6265 E. Second St.	Long Beach	Ca.	90803	Vice-Pres.	Linda L. Florie	631 Devon Place	Long Beach,	Ca.	90807	Secretaty	Kathleen A. Hovren	P. O. Box 1151	Challis,	Id.	83226	Treasurer	Lydia Schofield	P. O. Box 922	Salmon,	Id.	83467
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5. NATURE OF BUSINESS <i>Building Materials & Hardware</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><i>Lydia Schofield</i></u> Date <u><i>7-24-96</i></u> Name (Typed or Printed) <u>Lydia Schofield</u> Title <u>Treasurer</u>																																

ISSUED: 07-06-1996

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