

No. 80933	Idaho Corporation Annual Report Form		2. Registered Agent and Office		
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Due No Later Than November 1, 1990		ROBERT LANE TESTER ROUTE 4		
	1. Mailing Address — Please Correct	ST. MARIES ID 83861 702			
	TESTER PORTABLE WELDING, IN ROBERT LANE TESTER P. O. BOX 517 ST. MARIES ID 83861		3. Incorporated Under The Laws of ID NO: 080933		
4. Names and Addresses of Officers and Directors					
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	Robert L. Tester	P.O. Box 517	St. maries	ID	83861
Secretary:	Levene I. Tester	P.O. Box 517	St. maries	ID	83861
Directors:	Same				
5. Nature of Business Welding		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 <i>Levene I. Tester</i>	Date 10-10-90		
		Name (Typed or Printed) Levene I. Tester	Title Secy		