

No. C 55210	Annual Report Form Due No Later Than November 30, 1995	2. Registered Agent and Office NOT A P.O. BOX GLENN PATTIE 3314 POLE LINE ROAD POCATELLO ID 83201																														
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 INTERMOUNTAIN ANALYTICAL SEP GLENN PATTIE 3314 POLE LINE ROAD POCATELLO ID 83201	3. Organized Under the Laws of: ID C 65210																														
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 checked="" type="checkbox"/> Members (check one)																																
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Office held</th> <th style="text-align: left; width: 25%;">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: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Glenn R. Pattie</td> <td>2281 S. Fairway</td> <td>Pocatello</td> <td>ID</td> <td>83201</td> </tr> <tr> <td>Secretary</td> <td>Susan M. Pattie</td> <td>2281 S. Fairway</td> <td>Pocatello</td> <td>ID</td> <td>83201</td> </tr> <tr> <td>Directors:</td> <td>Glenn R. Pattie</td> <td>2281 S. Fairway</td> <td>Pocatello</td> <td>ID</td> <td>83201</td> </tr> <tr> <td></td> <td>Susan M. Pattie</td> <td>2281 S. Fairway</td> <td>Pocatello,</td> <td>ID</td> <td>83201</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	President	Glenn R. Pattie	2281 S. Fairway	Pocatello	ID	83201	Secretary	Susan M. Pattie	2281 S. Fairway	Pocatello	ID	83201	Directors:	Glenn R. Pattie	2281 S. Fairway	Pocatello	ID	83201		Susan M. Pattie	2281 S. Fairway	Pocatello,	ID	83201
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5. NATURE OF BUSINESS ASSAY LAB	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>Susan M. Pattie</u> Date <u>08/05/96</u> Name (Typed or Printed) <u>Susan M. Pattie</u> Title <u>Secretary</u>																															

ISSUED: 07-06-1995

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