

No. C108186	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 * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct		JON WAKELAM 2421 PORT ST NAMPA ID 83651																				
	QUALITREE, INC. JON WAKELAM 2421 PORT ST NAMPA ID 83651		3. Organized Under the Laws of: ID C108186																				
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;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>DIRECTOR</td> <td>JON WAKELAM</td> <td>2421 PORT STREET</td> <td>NAMPA</td> <td>ID</td> <td>83687</td> </tr> <tr> <td>DIRECTOR</td> <td>JANORA WAKELAM</td> <td>2421 PORT STREET</td> <td>NAMPA</td> <td>ID</td> <td>83687</td> </tr> </tbody> </table>						<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	DIRECTOR	JON WAKELAM	2421 PORT STREET	NAMPA	ID	83687	DIRECTOR	JANORA WAKELAM	2421 PORT STREET	NAMPA	ID	83687
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5. NATURE OF BUSINESS TREE TRIMMING & REMOVAL 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>Jon Wakelam</u> Date <u>7-22-96</u> Name (Typed or Printed) <u>JON WAKELAM</u> Title <u>DIRECTOR</u>																					

ISSUED: 07-06-1996

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