

No. <u>C105680</u>	Annual Report Form Due No Later Than November 30, <u>1996</u>		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	1. Mailing Address - Please Correct, If Not Correct MASTRE BACKHOE SERVICE INC. STANLEY V MASTRE RT 4 BOX 5480 BONNERS FERRY ID 83805		STANLEY V MASTRE RT 4 BOX 5480 BONNERS FERRY ID 83805 3. Organized Under the Laws of: ID C108680																									
* FIRST NOTICE * 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"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Pres.</td> <td>Peter V. Mastre</td> <td>HCR 85 Box 303Y</td> <td>Bonnerrsferry</td> <td>ID</td> <td>83805</td> </tr> <tr> <td>Vice Pres</td> <td>Lance M. Mastre</td> <td>Rt. 1, Box 265B</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Sec.</td> <td>Stanley V. Mastre</td> <td>Rt. 4 Box 5480</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Pres.	Peter V. Mastre	HCR 85 Box 303Y	Bonnerrsferry	ID	83805	Vice Pres	Lance M. Mastre	Rt. 1, Box 265B	"	"	"	Sec.	Stanley V. Mastre	Rt. 4 Box 5480	"	"	"
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5. NATURE OF BUSINESS <u>Excavating</u> 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>Stanley V. Mastre</u> Date <u>7-18-96</u> Name (Typed or Printed) <u>Stanley V. Mastre</u> Title <u>Sec.</u>																											

ISSUED: 07-06-1996

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