

No. C 97990	Annual Report Form 1995 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX GARY L CRAVENS 501 FIFTH STREET FILER ID 83328	
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 MAGIC VALLEY EXTINGUISHERS, GARY L CRAVENS PO BOX 384 FILER ID 83328		3. Organized Under the Laws of: ID C 97990	
* 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)				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City-</u>	<u>State</u>
PRESIDENT	GARY L. CRAVENS	BOX 384	FILER	ID 83328
SECRETARY	A. MARIE CRAVENS	BOX 384	FILER	ID 83328
5. NATURE OF BUSINESS FIRE EXTINGUISHING EQUIPMENT		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>Gary L. Cravens</u> Date <u>8-6-96</u> Name <small>(Typed or Printed)</small> <u>GARY L. CRAVENS</u> Title <u>PRESIDENT</u>		

ISSUED: 07-06-1996

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