

No. C 30556	Annual Report Form Due No Later Than November 30, 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	1. Mailing Address - Please Correct, If Not Correct THOMPSONS, INC. T.K. THOMPSON 1707 BROADWAY AVENUE BOISE ID 33776		TORRE K. THOMPSON 505 RIVER HEIGHTS DRIVE MERIDIAN ID 83642 3. Organized Under the Laws of: ID C 30556																			
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>PR29</td> <td>TORRE K. THOMPSON</td> <td>505 RIVER HEIGHTS DR</td> <td>MERIDIAN</td> <td>ID</td> <td>83642</td> </tr> <tr> <td>VP/SEC</td> <td>SCOTT K. THOMPSON</td> <td>13392 W BELLFLOWER</td> <td>BOISE</td> <td>ID</td> <td>83714</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	PR29	TORRE K. THOMPSON	505 RIVER HEIGHTS DR	MERIDIAN	ID	83642	VP/SEC	SCOTT K. THOMPSON	13392 W BELLFLOWER	BOISE	ID	83714
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5. NATURE OF BUSINESS APPLIANCE SALES & SERVICE	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><i>T.K. Thompson</i></u> Date <u>7-13-96</u> Name (Typed or Printed) <u>T. K. Thompson</u> Title <u>President</u>																					

ISSUED: 07-06-1996

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