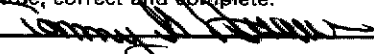


No. C 69936	Annual Report Form <i>Due No Later Than November 30,</i> 1996		2. Registered Agent and Office NOT A P.O. BOX TOMMY G. HISAW 2960 WISE WAY BOISE ID 83712																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct DURA-TOP OF IDAHO CORP. TOMMY G. HISAW P. O. BOX 669 BOISE ID 83701		3. Organized Under the Laws of: ID C 69936																		
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%; margin-top: 10px;"> <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>President</td> <td>Tommy G. Hisaw</td> <td>10834 Sandhurst Dr.</td> <td>Boise</td> <td>ID</td> <td>83709</td> </tr> <tr> <td>Secretary</td> <td>Patricia Hisaw</td> <td>10834 Sandhurst Dr.</td> <td>Boise</td> <td>ID</td> <td>83709</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>	President	Tommy G. Hisaw	10834 Sandhurst Dr.	Boise	ID	83709	Secretary	Patricia Hisaw	10834 Sandhurst Dr.	Boise	ID	83709
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5. NATURE OF BUSINESS CUSTOMER CABINET/MILLWORK SHOP	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></u> Date <u>7/15/96</u> Name <small>(Typed or Printed)</small> <u>Tommy G. Hisaw</u> Title <u>Owner/Manager</u>																				

ISSUED: 07-06-1996

16989