

| Annual Report Form<br>FORFEITED 12/02/1996                                      | 2. Registered Agent and Office NOT A P.O. BOX                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
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|                                                                                 |                                                                                                                                                                                                                                                                                                                        | LYNN FACKRELL                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| CONTRACTOR STAFFING SERVICES, INC.<br>LYNN FACKRELL<br>3500 S TERRI             | MERIDIAN, ID 83642                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| MERIDIAN, ID 83642                                                              | 3. New registered agent signature                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| usiness Addresses of President, Secretary and Directors  Names and Addresses of |                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| Street or P.O. Address                                                          | City                                                                                                                                                                                                                                                                                                                   | <u>State</u>                                                                                                                                                                                                                                                                                                                                                        | <u>Zip</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| LL FACKLELL 14169 W. GUZHNESS GT.                                               | BOISE                                                                                                                                                                                                                                                                                                                  | IΔ                                                                                                                                                                                                                                                                                                                                                                  | 83713                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| E FACKRELL /                                                                    | /1                                                                                                                                                                                                                                                                                                                     | "                                                                                                                                                                                                                                                                                                                                                                   | "                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
|                                                                                 | ₹-3.                                                                                                                                                                                                                                                                                                                   | m <b>23</b>                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| 6.                                                                              |                                                                                                                                                                                                                                                                                                                        | , ,                                                                                                                                                                                                                                                                                                                                                                 | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
|                                                                                 |                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
|                                                                                 | 1. Mailing Address - Correct in this box, if applicable  CONTRACTOR STAFFING SERVICES, INC. LYNN FACKRELL 3500 S TERRI  MERIDIAN, ID 83642  usiness Addresses of President, Secretary and Directors Names and Addresses of Managers or Members (check one)  Street or P.O. Address  LL FACKLELL 14169 W. GULLINESS (T. | 1. Mailing Address - Correct in this box, if applicable  CONTRACTOR STAFFING SERVICES, INC. LYNN FACKRELL 3500 S TERRI  MERIDIAN, ID 83642  Usiness Addresses of President, Secretary and Directors Names and Addresses of Managers or Members (check one)  Street or P.O. Address  City  L. FACKLELL 14169 W. GULLINESS (T. BOLSE  FACKLELL 11  6. Signature  Date | 1 Mailing Address - Correct in this box, if applicable  CONTRACTOR STAFFING SERVICES, INC. LYNN FACKRELL 3500 S TERRI  MERIDIAN, ID 83642  Usiness Addresses of President, Secretary and Directors Names and Addresses of Managers or Members (check one)  Street or P.O. Address  City State  Description of the Contract of |  |