

No. C 71913	Due no later than Jan 31, 2002 Annual Report Form		2. Registered Agent and Office NO PO BOX																														
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable CAB, INC. CONSTANCE BRICKERT 2257 N REISWIG RD 2301 N. REISWIG RD. POST FALLS, ID 83854		CONSTANCE BRICKERT 2257 N REISWIG RD POST FALLS, ID 83854																														
			3. <u>New</u> Registered Agent Signature																														
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <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>PRESIDENT</td> <td>CONSTANCE A. BRICKERT</td> <td>2301 N. REISWIG RD.</td> <td>POST FALLS</td> <td>ID</td> <td>83854</td> </tr> <tr> <td>DIRECTOR</td> <td>CONSTANCE A. BRICKERT</td> <td>2301 N. REISWIG RD.</td> <td>POST FALLS</td> <td>ID</td> <td>83854</td> </tr> <tr> <td>SECRETARY</td> <td>THOMAS L. D. BRICKERT</td> <td>2301 N. REISWIG</td> <td>POST FALLS</td> <td>ID</td> <td>83854</td> </tr> <tr> <td>DIRECTOR</td> <td>THOMAS L. D. BRICKERT</td> <td>2301 N. REISWIG</td> <td>POST FALLS</td> <td>ID</td> <td>83854</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	CONSTANCE A. BRICKERT	2301 N. REISWIG RD.	POST FALLS	ID	83854	DIRECTOR	CONSTANCE A. BRICKERT	2301 N. REISWIG RD.	POST FALLS	ID	83854	SECRETARY	THOMAS L. D. BRICKERT	2301 N. REISWIG	POST FALLS	ID	83854	DIRECTOR	THOMAS L. D. BRICKERT	2301 N. REISWIG	POST FALLS	ID	83854
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5. Organized Under the Laws of: IDAHO C 71913	6. Signature <u>Constance A. Brickert</u> Date <u>12-03-01</u> Name (Typed or Printed) <u>CONSTANCE A. BRICKERT</u> Title <u>PRESIDENT</u>																																