INSTRUCTIONS ON REVERSE SIDE PLEASE TYPE OR PRINT

80933

No.

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720

* FIRST NOTICE *
NO FEE REQUIRED

Idaho Corporation Annual Report Form

Due No Later Than November 1, 1992

1. Mailing Address — *Please Correct If Not Correct*

TESTER PORTABLE WELDING, INC.
ROBERT LANE TESTER
P. O. BOX 517

ST. MARIES ID 83861 0000

2. Registered Agent and Office NOT A P.O. BOX

ROBERT LANE TESTER
ROUTE 4

ST. MARIES ID 83861

3. Incorporated Under The Laws of ID

NO: 80933

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Zip
President:	Robert L. Tester	P.O. Box 517	St. Maries	ID	83861
Secretary:	Levene I. Tester	P.O. Box 517	St. Maries	ID	83861
Directors:	None				

5. Nature of Business

Welding

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 Levene I. Tester, Sec Date 7-15-92

Name (Typed or Printed) Levene I. Tester Title Secretary