

No. C 121035	Due no later than Sep 30, 2001		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	Annual Report Form		MARK LAWRENCE 437 LINDEN AVE LEWISTON, ID 83501																			
	1. Mailing Address - Correct in this box, if applicable ONE GUY PLUMBING, INC. MARK LAWRENCE 437 LINDEN AVE LEWISTON, ID 83501		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><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Mark Lawrence</td> <td>437 Linden Ave</td> <td>Lewiston</td> <td>ID</td> <td>83501</td> </tr> <tr> <td>Secretary</td> <td>Becky Lawrence</td> <td>437 Linden Ave</td> <td>Lewiston</td> <td>ID</td> <td>83501</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	Mark Lawrence	437 Linden Ave	Lewiston	ID	83501	Secretary	Becky Lawrence	437 Linden Ave	Lewiston	ID	83501
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																	
President	Mark Lawrence	437 Linden Ave	Lewiston	ID	83501																	
Secretary	Becky Lawrence	437 Linden Ave	Lewiston	ID	83501																	
5. Organized Under the Laws of: IDAHO C 121035		6.  Signature _____ Date <u>8/24/01</u> Name <small>(Typed or Printed)</small> <u>Mark Lawrence</u> Title <u>President</u>																				