

No. C 67313	<b>Annual Report Form 1999</b> Due No Later Than November 30,		2. Registered Agent and Office <b>NOT A P.O. BOX</b>													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1 Mailing Address - Please Correct. If Not Correct		JOAN MAINE E 312 2ND AVE  POST FALLS ID 83854													
	PAT'S TRANS-DOC, LIMITED  515 E 3RD AVE  POST FALLS ID 83854 9582		3. Organized Under the Laws of:  ID C 67313													
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)																
<table border="0"> <thead> <tr> <th data-bbox="0 695 513 727">Office held</th> <th data-bbox="513 695 824 727">Name</th> <th data-bbox="824 695 1080 727">Street or P.O. Address</th> <th data-bbox="1080 695 1204 727">City</th> <th data-bbox="1204 695 1344 727">State</th> <th data-bbox="1344 695 1448 727">Zip</th> </tr> </thead> <tbody> <tr> <td data-bbox="0 727 513 841">President</td> <td data-bbox="513 727 824 841">JOAN MAINE</td> <td data-bbox="824 727 1080 841">312 E 2ND</td> <td data-bbox="1080 727 1204 841">POST FALLS,</td> <td data-bbox="1204 727 1344 841">ID</td> <td data-bbox="1344 727 1448 841">83854</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	JOAN MAINE	312 E 2ND	POST FALLS,	ID	83854
Office held	Name	Street or P.O. Address	City	State	Zip											
President	JOAN MAINE	312 E 2ND	POST FALLS,	ID	83854											
5. Signature of New Registered Agent		6. Signature <u>Joan Maine</u> Date <u>7-16-99</u> Name (Typed or Printed) <u>JOAN MAINE</u> Title <u>President</u>														

ISSUED: 07-03-1999

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