

No. <u>W 1612</u>	Annual Report Form <u>1995</u> Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX <u>KATHARINE M PIKE</u> <u>CLARK RD AT OPALINE RD</u> <u>MARSING</u> ID <u>83639</u>													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct <u>CEMPCO, L.L.C.</u> <u>KATHARINE M PIKE</u> <u>PO BOX 999</u> <u>MARSING</u> ID <u>83639</u>		3. Organized Under the Laws of: ID W <u>1612</u>													
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="0"> <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></td> <td><u>Katharine M Pike</u></td> <td><u>Po Box 999</u></td> <td><u>Marsing</u></td> <td><u>Id</u></td> <td><u>83639</u></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>		<u>Katharine M Pike</u>	<u>Po Box 999</u>	<u>Marsing</u>	<u>Id</u>	<u>83639</u>
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5. SIGNATURE OF CURRENT RA <u>ANY LAWYER</u>		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 <u>Katharine M Pike</u> Date <u>July 24, 1996</u> Name (Typed or Printed) <u>Katharine M Pike</u> Title <u>Manager</u>														
ISSUED: <u>37-08-1995</u>		<u>1122</u>														