

No. C 97990	Due no later than Mar 31, 2001 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 MAGIC VALLEY EXTINGUISHERS, INC. GARY L CRAVENS PO BOX 384 FILER, ID 83328		GARY L CRAVENS 501 FIFTH STRETT FILER, ID 83328
			3. <u>New</u> Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
PRESIDENT	GARY L CRAVENS	Box 384	FILER	IDAHO	83328
Sec-TRES.	A.M. CRAVENS	Box 384	FILER	IDAHO	83328

5. Organized Under the Laws of: IDAHO C 97990	6. Signature <u><i>Gary L Cravens</i></u> Date <u>2-8-01</u> Name (Typed or Printed) <u>GARY L. CRAVENS</u> Title: <u>PRESIDENT</u> XXXX
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