

NO. C 91886	Annual Report Form Due No Later Than November 30, 1996		2. Registered Agent and Office NOT A P.O. BOX																		
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 S & B EXCAVATION AND REPAIR, C. H. QUILLING 1015 MILLIGAN RD.		C. H. QUILLING 548 BUCKBOARD LANE IDAHO FALLS ID 83402																		
	IDAHO FALLS ID 83402		3. Organized Under the Laws of: ID C 91886																		
	4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																				
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Office held</th> <th style="text-align: left; width: 20%;">Name</th> <th style="text-align: left; width: 35%;">Street or P.O. Address</th> <th style="text-align: left; width: 15%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 5%;">Zip</th> </tr> </thead> <tbody> <tr> <td><i>President</i></td> <td><i>C.H. Quilling</i></td> <td><i>1015 Milligan Rd</i></td> <td><i>Idaho Falls</i></td> <td><i>Id</i></td> <td><i>83402</i></td> </tr> <tr> <td><i>Vice-president</i></td> <td><i>BOB WITTE</i></td> <td><i>1015 Milligan Rd</i></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	<i>President</i>	<i>C.H. Quilling</i>	<i>1015 Milligan Rd</i>	<i>Idaho Falls</i>	<i>Id</i>	<i>83402</i>	<i>Vice-president</i>	<i>BOB WITTE</i>	<i>1015 Milligan Rd</i>			
Office held	Name	Street or P.O. Address	City	State	Zip																
<i>President</i>	<i>C.H. Quilling</i>	<i>1015 Milligan Rd</i>	<i>Idaho Falls</i>	<i>Id</i>	<i>83402</i>																
<i>Vice-president</i>	<i>BOB WITTE</i>	<i>1015 Milligan Rd</i>																			
5. NATURE OF BUSINESS HEAVEY EQUIPMENT REPAIR & EXCAVATION	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><i>BOB WITTE</i></u> Date <u><i>7-15-96</i></u> Name <small>(Typed or Printed)</small> <u><i>BOB WITTE</i></u> Title <u><i>V-President</i></u>																				

ISSUED: 07-06-1996

7702