

No. <u>88-19</u>	Idaho Corporation Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX																								
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Due No Later Than November 1, 1991	THOMAS V. PUKA																								
	1. Mailing Address: <i>Please Correct If Not Correct</i>	128 BLUE LAKES BLVD.																								
	THOMAS V. PUKA, CO. THOMAS V. PUKA 128 BLUE LAKES BLVD. TWIN FALLS ID 83301	TWIN FALLS ID 83301 3. Incorporated Under The Laws of ID NO: 089619																								
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Thomas V. Puka</td> <td>490 Park Terrace</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Secretary:</td> <td>Majorie Puka</td> <td>SAME</td> <td>SAME</td> <td>SAME</td> <td>SAME</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Name	Street or P.O. Address	City	State	Zip	President:	Thomas V. Puka	490 Park Terrace	Twin Falls	ID	83301	Secretary:	Majorie Puka	SAME	SAME	SAME	SAME	Directors:					
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Secretary:	Majorie Puka	SAME	SAME	SAME	SAME																					
Directors:																										
5. Nature of Business Auto Repair	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Title</td> </tr> <tr> <td>Thomas V. Puka</td> <td>Pres</td> </tr> </table>		Signature	Date	Name (Typed or Printed)	Title	Thomas V. Puka	Pres																		
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