

No. W 10589	Due no later than Dec 31, 2000 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 SOLID ROCK CRANE AND EXCAVATION, L. CAREY CHEYNE 1900 N MEYER RD POST FALLS, ID 83854		CAREY CHEYNE 1900 N MEYER RD POST FALLS, ID 83854 3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <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>Manager</td> <td>XXXXXXXXXX</td> <td>1900 N. Meyer Rd</td> <td>Post Falls</td> <td>ID</td> <td>83854</td> </tr> <tr> <td></td> <td>Manager Carey Cheyne</td> <td></td> <td></td> <td></td> <td></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>	Manager	XXXXXXXXXX	1900 N. Meyer Rd	Post Falls	ID	83854		Manager Carey Cheyne				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																
Manager	XXXXXXXXXX	1900 N. Meyer Rd	Post Falls	ID	83854																
	Manager Carey Cheyne																				
5. Organized Under the Laws of: IDAHO W 10589	6. Signature <u>Carey Cheyne</u> Date <u>11-5-00</u> Name (Typed or Printed) <u>Carey Cheyne</u> Title: <u>MANAGER</u> XXXX																				