

No. C 94229	Annual Report Form 1996 Due No Later Than November 30,		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 DURA-MARK, INC. DBA BLACKFOOT JOHN R FRISCHKORN BRASS 525 N 400 W		JOHN R FRISCHKORN 525 N 400 W BLACKFOOT ID 83221																			
	3. Organized Under the Laws of: WY C 94229		3. Organized Under the Laws of: WY C 94229																			
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 border="0"> <thead> <tr> <th>Office held</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>MARTHA H. FRISCHKORN</td> <td>525 N 400 W</td> <td>BLACKFOOT</td> <td>ID</td> <td>83221</td> </tr> <tr> <td>SECRETARY</td> <td>JOHN R. FRISCHKORN</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	MARTHA H. FRISCHKORN	525 N 400 W	BLACKFOOT	ID	83221	SECRETARY	JOHN R. FRISCHKORN				
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PRESIDENT	MARTHA H. FRISCHKORN	525 N 400 W	BLACKFOOT	ID	83221																	
SECRETARY	JOHN R. FRISCHKORN																					
5. NATURE OF BUSINESS MANUFACTURING		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>Martha H. Frischkorn</u> Date <u>7/16/96</u> Name (Typed or Printed) <u>MARTHA H. FRISCHKORN</u> Title <u>PRESIDENT</u>																				

ISSUED: 07-06-1996

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