

No. C113319	<b>Annual Report Form</b> 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	1. Mailing Address - Please Correct, If Not Correct		RUSSELL SCHWENDIMAN 520 CHURCH ST																			
	SCHWENDIMAN TRUCKING, INC. RUSSELL SCHWENDIMAN PO BOX 206		NEWDALE ID 83436																			
* FIRST NOTICE *	NEWDALE ID 83436		3. Organized Under the Laws of:  ID C113319																			
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																						
<table border="1"><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>RUSSELL SCHWENDIMAN</td><td>PO BOX 206</td><td>NEWDALE</td><td>ID</td><td>83436</td></tr><tr><td>SECRETARY</td><td>MALISSA SCHWENDIMAN</td><td>PO BOX 206</td><td>NEWDALE</td><td>ID</td><td>83436</td></tr></tbody></table>					Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	RUSSELL SCHWENDIMAN	PO BOX 206	NEWDALE	ID	83436	SECRETARY	MALISSA SCHWENDIMAN	PO BOX 206	NEWDALE	ID	83436
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SECRETARY	MALISSA SCHWENDIMAN	PO BOX 206	NEWDALE	ID	83436																	
5. NATURE OF BUSINESS  TRUCKING		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>Malissa Schwendiman</u> Date <u>7-15-96</u> Name (Typed or Printed) <u>Malissa Schwendiman</u> Title <u>Secretary</u>																				
ISSUED: 07-06-1996		9240																				