

No. C 53663	Annual Report Form 1995 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		ROBERT G. FADDIS 279 WEST THIRD																			
	INDIAN CREEK SERVICE, INC. ROBERT G FADDIS P. O. BOX 5 KUNA ID 83634		KUNA ID 83634 3. Organized Under the Laws of: ID C 53668																			
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>Pres/VP</td> <td>R.G. Faddis</td> <td>Box 84</td> <td>Kuna</td> <td>ID</td> <td>83634</td> </tr> <tr> <td>Sec/Treas</td> <td>P. Elaine Faddis</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Pres/VP	R.G. Faddis	Box 84	Kuna	ID	83634	Sec/Treas	P. Elaine Faddis	"	"	"	"
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Pres/VP	R.G. Faddis	Box 84	Kuna	ID	83634																	
Sec/Treas	P. Elaine Faddis	"	"	"	"																	
5. NATURE OF BUSINESS		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.																				
PARTS STORE		Signature: <u>[Signature]</u> Date: <u>7-15-96</u> Name: <u>Elaine Faddis</u> Title: <u>Sec/Treas</u>																				

ISSUED: 07-06-1996

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