

No. C 55975	Annual Report Form 1995 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX ALLEN L KNIFFIN 565 W HIGHWAY 39 BLACKFOOT ID 83221																									
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 ALL AMERICAN CONTRACTORS, INC ALLEN L KNIFFIN P.O. BOX 1099 BLACKFOOT ID 83221		3. Organized Under the Laws of: ID C 56975																									
	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 style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Allen L. Kniffin</td> <td>P.O. Box 1099</td> <td>Blackfoot</td> <td>ID</td> <td>83221</td> </tr> <tr> <td>Vice President</td> <td>Robert W. Goodwin</td> <td>P.O. Box 1099</td> <td>Blackfoot</td> <td>ID</td> <td>83221</td> </tr> <tr> <td>Secretary/Treas.</td> <td>J.C. Goodwin</td> <td>P.O. Box 1099</td> <td>Blackfoot</td> <td>ID</td> <td>83221</td> </tr> </tbody> </table> <p style="margin-top: 20px;">Reliance Insurance Company Liability Insurance</p>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Allen L. Kniffin	P.O. Box 1099	Blackfoot	ID	83221	Vice President	Robert W. Goodwin	P.O. Box 1099	Blackfoot	ID	83221	Secretary/Treas.	J.C. Goodwin	P.O. Box 1099	Blackfoot	ID	83221
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5. NATURE OF BUSINESS CONSTRUCTION		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><i>Shirley John</i></u> Date <u>July 15, 1996</u> Name (Typed or Printed) <u>Shirley John</u> Title <u>Office Manager</u>																										

ISSUED: 07-06-1995

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