

No. C107595	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 BARE & CAMP, INC. M N JOE CAMP 685 1ST ST IDAHO FALLS ID 83401		M.N. JOE CAMP 685 1ST ST. IDAHO FALLS ID 83401 3. Organized Under the Laws of: ID C107595																			
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="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>PRES.</td> <td>DARIN BARE</td> <td>SAME AS ABOVE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CHAIRMAN/CEO</td> <td>M.N. JOE CAMP</td> <td>SAME</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	PRES.	DARIN BARE	SAME AS ABOVE				CHAIRMAN/CEO	M.N. JOE CAMP	SAME			
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PRES.	DARIN BARE	SAME AS ABOVE																				
CHAIRMAN/CEO	M.N. JOE CAMP	SAME																				
5. NATURE OF BUSINESS WARRANTY SERVICE FULFILL CUSTOM WOODCRAFTING		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>M N JOE CAMP</u> Date <u>7/17/96</u> Name (Typed or Printed) <u>M N JOE CAMP</u> Title <u>CEO</u>																				

ISSUED: 07-06-1996

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