


96146

INSTRUCTIONS ON REVERSE SIDE PLEASE TYPE ON PRIN

No. <i>Return To:</i> Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	Idaho Corporation Annual Report Form <i>Due No Later Than November 1, 1992</i> 1. Mailing Address - Please Correct, If Not Correct BROWN & MURRAY INDUSTRIAL CONTR BOB BROWN PO BOX 70391 EUGENE OR 97403 0000	2. Registered Agent and Office NOT A P.O. BOX C T CORPORATION SYSTEM 300 N 6TH STREET BOISE ID 83702 3. Incorporated Under The Laws of NO: 96146																								
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>BOB BROWN</td> <td>90361 Shadows Dr.</td> <td>Springfield</td> <td>OR.</td> <td>97478</td> </tr> <tr> <td>Secretary:</td> <td>DONNA BROWN</td> <td>90361 Shadows Dr.</td> <td>Springfield</td> <td>OR.</td> <td>97478</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	BOB BROWN	90361 Shadows Dr.	Springfield	OR.	97478	Secretary:	DONNA BROWN	90361 Shadows Dr.	Springfield	OR.	97478	Directors:					
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5. Nature of Business Mechanical Contractors	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  Name <small>(Typed or Printed)</small> Bob Brown		Date 7/10/92 Title President																							