

No. C108680	Annual Report Form 1997 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 MASTRE BACKHOE SERVICE INC. STANLEY V MASTRE RT 4 BOX 5480 BONNERS FERRY ID 83805		STANLEY V MASTRE RT 4 BOX 5480 BONNERS FERRY ID 83805 3. Organized Under the Laws of: ID C108680																									
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ 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>Peter V Mastre</td> <td>ACR 85 Box 303Y</td> <td>Bonnors Ferry</td> <td>ID</td> <td>83805</td> </tr> <tr> <td>V. Pres.</td> <td>Lance M. Mastre</td> <td>Rt. 1, Box 265B</td> <td>Bonnors Ferry</td> <td>ID</td> <td>83805</td> </tr> <tr> <td>Sec.</td> <td>Stanley V. Mastre</td> <td>Rt. 4 Box 5480</td> <td>Bonnors Ferry</td> <td>ID</td> <td>83805</td> </tr> </tbody> </table> 5. _____ 6. Signature <u>Stanley V. Mastre</u> Date <u>7-21-97</u> Name (Typed or Printed) <u>Stanley V. Mastre</u> Title <u>Sec</u>					Office held	Name	Street or P.O. Address	City	State	Zip	Pres.	Peter V Mastre	ACR 85 Box 303Y	Bonnors Ferry	ID	83805	V. Pres.	Lance M. Mastre	Rt. 1, Box 265B	Bonnors Ferry	ID	83805	Sec.	Stanley V. Mastre	Rt. 4 Box 5480	Bonnors Ferry	ID	83805
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ISSUED: 07-04-1997

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↓ DO NOT TAPE OR STAPLE ↓