

No. C100505	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 PERRY'S APPLIANCE, INC. WILLIAM S. PERRY P O BOX 1527 MCCALL ID 83638		WILLIAM S. PERRY 310 MCBRIDE ST MCCALL ID 83638 3. Organized Under the Laws of: ID C100505																			
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" data-bbox="23 361 1463 510"> <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>William S Perry</td> <td>Box 1527</td> <td>McCall</td> <td>Id</td> <td>83638</td> </tr> <tr> <td>Sec</td> <td>Marilynn R Perry</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Pres	William S Perry	Box 1527	McCall	Id	83638	Sec	Marilynn R Perry	"	"	"	"
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Pres	William S Perry	Box 1527	McCall	Id	83638																	
Sec	Marilynn R Perry	"	"	"	"																	
5. NATURE OF BUSINESS APPLIANCE REPAIR	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>William S Perry</u> Date <u>7-15-96</u> Name (Typed or Printed) <u>William S Perry</u> Title <u>Pres</u>																					

ISSUED: 07-06-1996

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