

| No. C109936 | 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 WOODCRAFT BUILDERS COMPANY KIM J TROUT 1087 W RIVER ST STE 230 | | KIM J TROUT 1087 W RIVER ST STE 230 30ISE ID 83702 | | | | | | | | | | | | | | | | | | |
| | 30ISE ID 83702 | | 3. Organized Under the Laws of: ID C109936 | | | | | | | | | | | | | | | | | | |
| 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>PRESIDENT</td> <td>TIM TARUSCIO</td> <td>1518 E. 3rd AVE</td> <td>POST FALLS</td> <td>ID.</td> <td>83854</td> </tr> <tr> <td>SECRETARY</td> <td>LISA TARUSCIO</td> <td>1518 E. 3rd AVE</td> <td>POST FALLS,</td> <td>ID.</td> <td>83854</td> </tr> </tbody> </table> | | | | Office held | Name | Street or P.O. Address | City | State | Zip | PRESIDENT | TIM TARUSCIO | 1518 E. 3 rd AVE | POST FALLS | ID. | 83854 | SECRETARY | LISA TARUSCIO | 1518 E. 3 rd AVE | POST FALLS, | ID. | 83854 |
| Office held | Name | Street or P.O. Address | City | State | Zip | | | | | | | | | | | | | | | | |
| PRESIDENT | TIM TARUSCIO | 1518 E. 3 rd AVE | POST FALLS | ID. | 83854 | | | | | | | | | | | | | | | | |
| SECRETARY | LISA TARUSCIO | 1518 E. 3 rd AVE | POST FALLS, | ID. | 83854 | | | | | | | | | | | | | | | | |
| 5. NATURE OF BUSINESS General Contractor; ANY LAWFUL Resid. Const. | 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>[Signature]</u> Date <u>10/1/96</u> Name (Typed or Printed) <u>TIM TARUSCIO</u> Title <u>PRESIDENT</u> | | | | | | | | | | | | | | | | | | | | |

ISSUED: 07-06-1996

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