

No. 057137	Idaho Corporation Annual Report Form		2. Registered Agent and Office																					
Return To  Secretary of State Room 203, Statehouse Boise, ID 83720	Due No Later Than November 1, 1987		NORMAN KRAMER 1986 MONTICELLO DRIVE IDAHO FALLS, IDAHO 83404																					
	1. Mailing Address — Please Correct 057137  KRAMER INDUSTRIES, INCORPORATED NORMAN A. KRAMER 1986 MONTICELLO IDAHO FALLS, IDAHO 83404																							
4. Names and Addresses of Officers and Directors			3. Incorporated Under The Laws of ENTERED OCT 7 1987 STATE OF IDAHO																					
<table border="1"> <thead> <tr> <th data-bbox="34 407 702 434">Name</th> <th data-bbox="702 407 1148 434">Street or P.O. Address</th> <th data-bbox="1148 407 1362 434">City</th> <th data-bbox="1362 407 1511 434">State</th> <th data-bbox="1511 407 1612 434">Zip</th> </tr> </thead> <tbody> <tr> <td data-bbox="34 434 702 476">President: NORMAN KRAMER</td> <td data-bbox="702 434 1148 476">1986 MONTICELLO DRIVE</td> <td data-bbox="1148 434 1362 476">IDAHO FALLS</td> <td data-bbox="1362 434 1511 476">ID</td> <td data-bbox="1511 434 1612 476">83404</td> </tr> <tr> <td data-bbox="34 476 702 519">Secretary: GINGER KRAMER</td> <td data-bbox="702 476 1148 519"></td> <td data-bbox="1148 476 1362 519"></td> <td data-bbox="1362 476 1511 519"></td> <td data-bbox="1511 476 1612 519"></td> </tr> <tr> <td data-bbox="34 519 702 561">Directors: NORMAN KRAMER</td> <td data-bbox="702 519 1148 561"></td> <td data-bbox="1148 519 1362 561"></td> <td data-bbox="1362 519 1511 561"></td> <td data-bbox="1511 519 1612 561"></td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President: NORMAN KRAMER	1986 MONTICELLO DRIVE	IDAHO FALLS	ID	83404	Secretary: GINGER KRAMER					Directors: NORMAN KRAMER				
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Directors: NORMAN KRAMER																								
5. Nature of Business MACHINERY EQUIPMENT DEALER	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  <table border="1"> <tr> <td data-bbox="525 902 702 928">Signature</td> <td data-bbox="702 902 1214 928">Norman Kramer</td> <td data-bbox="1214 902 1612 928">Date</td> <td data-bbox="1214 902 1612 928">10/5/87</td> </tr> <tr> <td data-bbox="525 928 702 968">Name (Typed or Printed)</td> <td data-bbox="702 928 1214 968">NORMAN KRAMER</td> <td data-bbox="1214 928 1612 968">Title</td> <td data-bbox="1214 928 1612 968">PRESIDENT/DIRECTOR</td> </tr> </table>				Signature	Norman Kramer	Date	10/5/87	Name (Typed or Printed)	NORMAN KRAMER	Title	PRESIDENT/DIRECTOR												
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