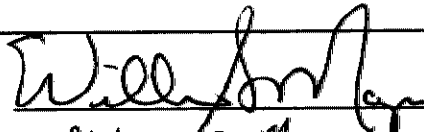
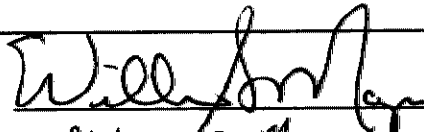
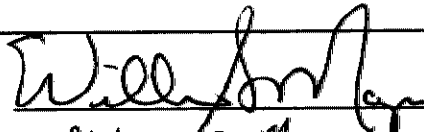


No. C 72094 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	Annual Report Form 1999 <i>Due No Later Than November 30,</i> 1. Mailing Address - Please Correct, If Not Correct RM MECHANICAL, INC. WILLIAM S. MAGNUSON P. O. BOX 45429 BOISE ID 83711		2. Registered Agent and Office NOT A P.O. BOX WILLIAM S. MAGNUSON 5998 W GOWEN RD BOISE ID 83709 3. Organized Under the Laws of: ID C 72094											
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>President</td> <td>William S. Magnuson</td> <td>5998 W. Gowen Rd</td> <td>Boise</td> <td>ID</td> <td>83709</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	President	William S. Magnuson	5998 W. Gowen Rd	Boise	ID	83709
Office held	Name	Street or P.O. Address	City	State	Zip									
President	William S. Magnuson	5998 W. Gowen Rd	Boise	ID	83709									
5. Signature of New Registered Agent	6. <table border="1"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>7/30/99</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td colspan="2">William S. Magnuson</td> <td>Title</td> <td>President</td> </tr> </table>		Signature		Date	7/30/99	Name (Typed or Printed)	William S. Magnuson		Title	President			
Signature		Date	7/30/99											
Name (Typed or Printed)	William S. Magnuson		Title	President										

ISSUED: 07-03-1999

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