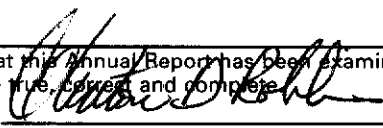


No. C109687	<b>Annual Report Form</b> 1996 Due No Later Than November 30,		2. Registered Agent and Office <b>NOT A P.O. BOX</b>																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct		CLINT ROBBINS 2724 KOPP RD  AMERICAN FALL ID 83211																			
	N.O.M. TRANSPORTATION, INC. CLINT ROBBINS PO BOX 610  AMERICAN FALLS ID 83211		3. Organized Under the Laws of:  ID C109687																			
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (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>CLINTON D ROBBINS</td> <td>2567 LAKEVIEW RD.</td> <td>AMERICAN FALLS</td> <td>ID</td> <td>83211</td> </tr> <tr> <td>SECRETARY</td> <td>GARY LINDHARTSEN</td> <td>P.O. BOX 96</td> <td>ABERDEEN</td> <td>ID</td> <td>83210</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	CLINTON D ROBBINS	2567 LAKEVIEW RD.	AMERICAN FALLS	ID	83211	SECRETARY	GARY LINDHARTSEN	P.O. BOX 96	ABERDEEN	ID	83210
Office held	Name	Street or P.O. Address	City	State	Zip																	
PRESIDENT	CLINTON D ROBBINS	2567 LAKEVIEW RD.	AMERICAN FALLS	ID	83211																	
SECRETARY	GARY LINDHARTSEN	P.O. BOX 96	ABERDEEN	ID	83210																	
5. NATURE OF BUSINESS  HAULING & TRUCKING		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  Date 7-18-96 Name (Typed or Printed) CLINTON D ROBBINS Title PRESIDENT																				

ISSUED: 07-06-1996

1544