

No. C 95194	Annual Report Form 1996 <i>Due No Later Than November 30,</i>	2. Registered Agent and Office NOT A P.O. BOX <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> CREED REASOR 14763 WEST LACEY RD POCATELLO ID 83202 </div>																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> CMR, INC. CREED M. REASOR 14763 WEST LACEY RD POCATELLO ID 83202 </div>	3. Organized Under the Laws of: <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> ID C 95194 </div>																		
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 style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Creed M. Reasor</td> <td>14763 W. Lacey Rd.</td> <td>Pocatello,</td> <td>ID</td> <td>83202</td> </tr> <tr> <td>Secretary</td> <td>Leilani T. Kono</td> <td>14763 W. Lacey Rd.</td> <td>Pocatello,</td> <td>ID</td> <td>83202</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Creed M. Reasor	14763 W. Lacey Rd.	Pocatello,	ID	83202	Secretary	Leilani T. Kono	14763 W. Lacey Rd.	Pocatello,	ID	83202
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Secretary	Leilani T. Kono	14763 W. Lacey Rd.	Pocatello,	ID	83202															
5. NATURE OF BUSINESS 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 <u>Leilani T. Kono</u> Date <u>07/24/96</u> Name (Typed or Printed) <u>Leilani T. Kono</u> Title <u>Secretary</u>																			

ISSUED: 07-06-1995

351