

No. C 78036	Due no later than Mar 31, 2001 Annual Report Form	2. Registered Agent and Office NO PO BOX MICHAEL J HUBBELL ROUTE 4, BOX 617 BONNERS FERRY, ID 83805																														
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable HUBBELL'S SERVICE & REPAIR INC. MICHAEL J HUBBELL ROUTE 4, BOX 617 BONNERS FERRY, ID 83805	3. <u>New</u> Registered Agent Signature																														
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.																																
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Michael J Hubbell</td> <td>Rt 4 Box 617</td> <td>Bonnerr Ferry</td> <td>ID</td> <td>83805</td> </tr> <tr> <td>Secretary</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Director</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Director</td> <td>James H Hubbell</td> <td>Rt 4 Box 617</td> <td>Bonnerr Ferry</td> <td>ID</td> <td>83805</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	President	Michael J Hubbell	Rt 4 Box 617	Bonnerr Ferry	ID	83805	Secretary	"	"	"	"	"	Director	"	"	"	"	"	Director	James H Hubbell	Rt 4 Box 617	Bonnerr Ferry	ID	83805
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5. Organized Under the Laws of: IDAHO C 78036	6. Signature <u><i>Michael J Hubbell</i></u> Date <u>2/10/01</u> Name (Typed or Printed) <u>Michael J Hubbell</u> Title: <u>Pres.</u> XXXX																															