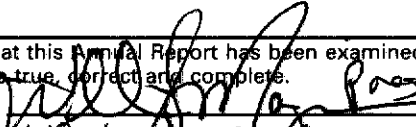


No. <u>C 72094</u>	<b>Annual Report Form</b> Due No Later Than November 30, <u>1996</u>	2. Registered Agent and Office <b>NOT A P.O. BOX</b>  WILLIAM S. MAGNUSON 5126 GAGE STREET  BOISE ID 83706
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct  RM MECHANICAL, INC. WILLIAM S. MAGNUSON P. O. BOX 45429	3. Organized Under the Laws of:
* FIRST NOTICE *		
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)		
Office held	Name	Street or P.O. Address
City	State	Zip
President	William S Magnuson	P.O. 45429
Boise	Id	83711
5. NATURE OF BUSINESS  PLUMBING CONTRACTORS		
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></u> Date <u>7/30/96</u> Name (Typed or Printed) <u>William S. Magnuson</u> Title <u>President</u>		

ISSUED: 07-06-1996

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