

| No. 071566                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Idaho Corporation Annual Report Form</b>                                                                                                                                                                                                                                                                                                                         |            | 2. Registered Agent and Office                                        |       |                                                                                    |                            |      |       |     |                             |               |            |    |       |                              |       |       |     |     |            |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------------------------------------|-------|------------------------------------------------------------------------------------|----------------------------|------|-------|-----|-----------------------------|---------------|------------|----|-------|------------------------------|-------|-------|-----|-----|------------|--|--|--|--|
| Return To<br><br>Secretary of State<br>Room 203, Statehouse<br>Boise, ID 83720<br><br>RECEIVED<br>SEC. OF STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Due No Later Than November 1, 1988                                                                                                                                                                                                                                                                                                                                  |            | DOUGLAS P. BURKS, SR.<br>RT 3, BOX 6136<br>TWIN FALLS, IDAHO<br>83301 |       |                                                                                    |                            |      |       |     |                             |               |            |    |       |                              |       |       |     |     |            |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1. Mailing Address — Please Correct 071566                                                                                                                                                                                                                                                                                                                          |            |                                                                       |       |                                                                                    |                            |      |       |     |                             |               |            |    |       |                              |       |       |     |     |            |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | BURKS LEASING COMPANY, INC.<br>DOUGLAS P. BURKS, SR.<br>ROUTE 3, BOX 6136<br>TWIN FALLS, IDAHO<br>83301                                                                                                                                                                                                                                                             |            | 3. Incorporated Under The Laws<br>of<br><br>STATE OF IDAHO            |       |                                                                                    |                            |      |       |     |                             |               |            |    |       |                              |       |       |     |     |            |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4. Names and Addresses of Officers and Directors                                                                                                                                                                                                                                                                                                                    |            |                                                                       |       |                                                                                    |                            |      |       |     |                             |               |            |    |       |                              |       |       |     |     |            |  |  |  |  |
| <table border="1"> <thead> <tr> <th data-bbox="28 404 520 436">Name</th> <th data-bbox="520 404 1058 436">Street or P.O. Address</th> <th data-bbox="1058 404 1288 436">City</th> <th data-bbox="1288 404 1420 436">State</th> <th data-bbox="1420 404 1615 436">Zip</th> </tr> </thead> <tbody> <tr> <td data-bbox="28 436 520 478">President: Douglas P. BURKS</td> <td data-bbox="520 436 1058 478">RT3, BOX 6136</td> <td data-bbox="1058 436 1288 478">TWIN FALLS</td> <td data-bbox="1288 436 1420 478">Id</td> <td data-bbox="1420 436 1615 478">83301</td> </tr> <tr> <td data-bbox="28 478 520 521">Secretary: MARGARET I. BURKS</td> <td data-bbox="520 478 1058 521">" " "</td> <td data-bbox="1058 478 1288 521">" " "</td> <td data-bbox="1288 478 1420 521">" "</td> <td data-bbox="1420 478 1615 521">" "</td> </tr> <tr> <td data-bbox="28 521 520 563">Directors:</td> <td data-bbox="520 521 1058 563"></td> <td data-bbox="1058 521 1288 563"></td> <td data-bbox="1288 521 1420 563"></td> <td data-bbox="1420 521 1615 563"></td> </tr> </tbody> </table> |                                                                                                                                                                                                                                                                                                                                                                     |            |                                                                       |       | Name                                                                               | Street or P.O. Address     | City | State | Zip | President: Douglas P. BURKS | RT3, BOX 6136 | TWIN FALLS | Id | 83301 | Secretary: MARGARET I. BURKS | " " " | " " " | " " | " " | Directors: |  |  |  |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Street or P.O. Address                                                                                                                                                                                                                                                                                                                                              | City       | State                                                                 | Zip   |                                                                                    |                            |      |       |     |                             |               |            |    |       |                              |       |       |     |     |            |  |  |  |  |
| President: Douglas P. BURKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | RT3, BOX 6136                                                                                                                                                                                                                                                                                                                                                       | TWIN FALLS | Id                                                                    | 83301 |                                                                                    |                            |      |       |     |                             |               |            |    |       |                              |       |       |     |     |            |  |  |  |  |
| Secretary: MARGARET I. BURKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | " " "                                                                                                                                                                                                                                                                                                                                                               | " " "      | " "                                                                   | " "   |                                                                                    |                            |      |       |     |                             |               |            |    |       |                              |       |       |     |     |            |  |  |  |  |
| Directors:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                     |            |                                                                       |       |                                                                                    |                            |      |       |     |                             |               |            |    |       |                              |       |       |     |     |            |  |  |  |  |
| 5. Nature of Business<br><br>Inactive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.<br><table border="1"> <tr> <td data-bbox="520 893 1058 969">Signature<br/><i>Margaret I. Burks</i><br/>Name (Typed or Printed) MARGARET I. BURKS</td> <td data-bbox="1058 893 1615 969">Date 7-11-87<br/>Title Secy</td> </tr> </table> |            |                                                                       |       | Signature<br><i>Margaret I. Burks</i><br>Name (Typed or Printed) MARGARET I. BURKS | Date 7-11-87<br>Title Secy |      |       |     |                             |               |            |    |       |                              |       |       |     |     |            |  |  |  |  |
| Signature<br><i>Margaret I. Burks</i><br>Name (Typed or Printed) MARGARET I. BURKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Date 7-11-87<br>Title Secy                                                                                                                                                                                                                                                                                                                                          |            |                                                                       |       |                                                                                    |                            |      |       |     |                             |               |            |    |       |                              |       |       |     |     |            |  |  |  |  |