


No. W 1605	Annual Report Form 1995 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX THOMAS L PETERSEN 501 E 46TH STE 2-10 BOISE ID 83714																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct CAPITAL SIDING & SUPPLY, LC. THOMAS L PETERSEN 501 E 46TH STE 2-10 BOISE ID 83714		3. Organized Under the Laws of: ID # 1666																								
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Office held</th> <th style="width: 25%;">Name</th> <th style="width: 35%;">Street or P.O. Address</th> <th style="width: 15%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Thomas L. Petersen</td> <td>6602 Ironwood</td> <td>Boise</td> <td>ID</td> <td>83709</td> </tr> <tr> <td>member</td> <td>Kenneth Jones</td> <td>5650 Maywood</td> <td>Boise</td> <td>ID</td> <td>83709</td> </tr> <tr> <td>Member</td> <td>Robert Flicker</td> <td>11164 Oneida DR</td> <td>Boise</td> <td>ID</td> <td>83709</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	Manager	Thomas L. Petersen	6602 Ironwood	Boise	ID	83709	member	Kenneth Jones	5650 Maywood	Boise	ID	83709	Member	Robert Flicker	11164 Oneida DR	Boise	ID	83709
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5. SIGNATURE OF CURRENT RA ANY LAWFUL		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>7/18/96</u> Name (Typed or Printed) <u>THOMAS L PETERSEN</u> Title <u>MANAGER</u>																									
ISSUED: 37-08-1995 1399																											