

No. C100493	Annual Report Form Due No Later Than November 30, 1996		2. Registered Agent and Office NOT A P.O. BOX																			
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 BORIN-HALBICH, INC. FRANK HALBICH 4595 SELWAY AVE POST FALLS ID 83854		FRANK HALBICH 4595 SELWAY AVE POST FALLS ID 83854 3. Organized Under the Laws of: ID C100498																			
* FIRST NOTICE *																						
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 border="1" data-bbox="34 357 1473 474"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Frank Halbich</td> <td>W. 4595 Selway Ave.</td> <td>Post Falls</td> <td>ID</td> <td>83854</td> </tr> <tr> <td>Sec. Treas.</td> <td>Anita Halbich</td> <td>W. 4595 Selway Ave</td> <td>Post Falls</td> <td>ID</td> <td>83854</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	Frank Halbich	W. 4595 Selway Ave.	Post Falls	ID	83854	Sec. Treas.	Anita Halbich	W. 4595 Selway Ave	Post Falls	ID	83854
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5. NATURE OF BUSINESS MANUFACTURERS OF PILLBOXES	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>Anita Halbich</u> Date <u>7-19-96</u> Name (Typed or Printed) ANITA HALBICH, SEC. TREAS. Title _____																					

ISSUED: 07-06-1996

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