

No. C 113226	Due no later than January 31, 2005 Annual Report Form	2. Registered Agent and Office NO PO BOX HARLEY MASTRE 7170 2ND ST 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 MASTRE TRUCKING INC. HARLEY MASTRE PO BOX 1506 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; width: 10%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 15%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Pres</td> <td>Kim Mastre</td> <td>Rt 1 Box 467 A</td> <td>Bonnors Ferry</td> <td>1D</td> <td>83805</td> </tr> <tr> <td>Soc</td> <td>Harley Mastre</td> <td>HR 85 Box 3118</td> <td>Bonnors Ferry</td> <td>1D</td> <td>83805</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Pres	Kim Mastre	Rt 1 Box 467 A	Bonnors Ferry	1D	83805	Soc	Harley Mastre	HR 85 Box 3118	Bonnors Ferry	1D	83805
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5. Organized Under the Laws of: IDAHO C 113226	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Signature <i>Steven W Deitz</i></td> <td style="width: 40%;">Date <i>1/3/05</i></td> </tr> <tr> <td>Name (Typed or Printed) <i>STEVEN W DEITZ</i></td> <td>Title <i>CPA</i></td> </tr> </table>		Signature <i>Steven W Deitz</i>	Date <i>1/3/05</i>	Name (Typed or Printed) <i>STEVEN W DEITZ</i>	Title <i>CPA</i>														
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