|                                       | 77107              | Annual Report Form 1  Due No Later Than November 30.   | 996 2. Registered Age | nt and Office NOT A P.O. BOX    |  |
|---------------------------------------|--------------------|--|-----------------------|---------------------------------|--|
| SECRETARY OF STATE 700 WEST JEFFERSON |                    | 1. Mailing Address - Please Correct, If Not Correct TRI SQUARE MFG. / INC. BRUCE W TETER           | C-PLY T               |                                 |  |
| NO FEE REQUIRED                       |                    |  | 3. Organized Und      | 3. Organized Under the Laws of: |  |
| ** FINAL                              | NOTICE **          | BONNERS FERRY ID 83805   | 1423 10               | c 77107                         |  |
|                                       |                    | Addresses of President, Secretary and Directors er Names and Addresses of Amanagers or American Me | mbers (check one)     |                                 |  |
| Office held                           | Name               | Street or P.O. Address   | City                  | State Zip                       |  |
| Receivent                             | Reuse 12           | Teter POBOX 1423   | Ronners Form          | Idako 128805<br>Idako 12805     |  |
| President<br>Secretary                | Bruce w<br>Oebra K | Teter POBOX 1423   | Banners From          | Idako 83805                     |  |
|                                       |                    | •  | ,                     | •                               |  |
|                                       |                    |  |                       | 1                               |  |
| 5. NATURE                             | OF BUSINES         | knowledge true, correct and comple   | te.                   |                                 |  |
|                                       | OF BUSINES         | knowledge true, correct and comple<br>Signature  | te. Date              | 11/6/96                         |  |
|                                       |                    | knowledge true, correct and comple   | te. Date              |                                 |  |