

| No. C105703   | <b>Annual Report Form</b><br>Due No Later Than November 30, 1995   | 2. Registered Agent and Office <b>NOT A P.O. BOX</b>  |             |       |                        |      |       |     |           |                 |                         |        |    |       |           |                 |                         |        |    |       |
|---|--|---|-------------|-------|------------------------|------|-------|-----|-----------|-----------------|-------------------------|--------|----|-------|-----------|-----------------|-------------------------|--------|----|-------|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FEE REQUIRED</b><br><br><b>* FIRST NOTICE *</b>   | 1. Mailing Address - Please Correct, if Not Correct  | FORREST E GANS<br>415 COLORADO<br><br>MCCALL ID 83638 |             |       |                        |      |       |     |           |                 |                         |        |    |       |           |                 |                         |        |    |       |
|   | GANS EXCAVATION, INC.<br>FORREST E GANS<br>PO BOX 217<br><br>MCCALL ID 83638   | 3. Organized Under the Laws of:                       |             |       |                        |      |       |     |           |                 |                         |        |    |       |           |                 |                         |        |    |       |
|   |  | ID C105703  |             |       |                        |      |       |     |           |                 |                         |        |    |       |           |                 |                         |        |    |       |
| 4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b><br>Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input checked="" 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: 20%;">Name</th> <th style="width: 30%;">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>President</td> <td>Forrest E. Gans</td> <td>415 Colorado<br/>Box 217</td> <td>McCall</td> <td>ID</td> <td>83638</td> </tr> <tr> <td>Secretary</td> <td>E. Carleen Gans</td> <td>415 Colorado<br/>Box 217</td> <td>McCall</td> <td>ID</td> <td>83638</td> </tr> </tbody> </table> |  |   | Office held | Name  | Street or P.O. Address | City | State | Zip | President | Forrest E. Gans | 415 Colorado<br>Box 217 | McCall | ID | 83638 | Secretary | E. Carleen Gans | 415 Colorado<br>Box 217 | McCall | ID | 83638 |
| Office held   | Name   | Street or P.O. Address                                | City        | State | Zip                    |      |       |     |           |                 |                         |        |    |       |           |                 |                         |        |    |       |
| President   | Forrest E. Gans  | 415 Colorado<br>Box 217                               | McCall      | ID    | 83638                  |      |       |     |           |                 |                         |        |    |       |           |                 |                         |        |    |       |
| Secretary   | E. Carleen Gans  | 415 Colorado<br>Box 217                               | McCall      | ID    | 83638                  |      |       |     |           |                 |                         |        |    |       |           |                 |                         |        |    |       |
| 5. NATURE OF BUSINESS<br><br>ANY LAWFUL Excavation  | 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>Signature <u>E. Carleen Gans</u> Date <u>7-17-96</u><br>Name (Typed or Printed) <u>E. Carleen Gans</u> Title <u>Secretary</u> |   |             |       |                        |      |       |     |           |                 |                         |        |    |       |           |                 |                         |        |    |       |

ISSUED: 07-06-1996

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