	to a carrier of the t	and the second of the second o	
No.	C 88375	Due no later than January 31, 2008	2. Registered Agent and Office NO PO BOX
Return to: SECRET/ 450 NOR PO BOX	ARY OF STATE ITH FOURTH STREET 83720 D 83720-0080	Annual Report Form 1. Mailing Address - Correct in this box, if applicable CRAWFORD MASONRY, INC. DAVID M. CRAWFORD 14377 LEWIS LN NAMPA, ID 83686	DAVID M CRAWFORD 14377 LEWIS LN NAMPA, ID 83686 3. New Registered Agent Signature
NO FILING FEE IF RECEIVED BY DUE DATE			
RECEIVED BY DUE DATE 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. City State Zip State JAVID CRAWFORD 14377 Lewis LN NAMPA ID 83686 V. FRES LESLEY CLAWFORD " V. FRES LESLEY CL			
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5. Organiz	red Under the Laws of: IDAHO C 88375	6. Signature Mariel CLAW 1 Name Printed or DAVID CLAW 1	FORD THIS Irvailent
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