| No. C 29643  | Annual Report I  Due No Later Than Nov  | 1775   |                                      | nd Office NOT A P.O. BOX |
|--|---|--|--------------------------------------|--------------------------|
| Return to:<br>SECRETARY OF STATE                           | Mailing Address - Please Correct, If Not Correct  |  | LARRY M. NIELSON<br>485 S. IDAHO ST. |                          |
| 700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 | EATON DRILLING & PUMP SERVIC<br>LARRY NIELSON<br>PO BOX 230                               |  | MENDELL                              | 1D 83355                 |
| NO FEE REQUIRED  |   |  | 3. Organized Under the Laws of:      |                          |
| * FIRST NOTICE *   | WENDELL I   | D 83355                                      | ID                                   | c 29648                  |
|  | d Addresses of <b>President, Secretary</b> ter Names and Addresses of <b>I</b> Management |  | (check one)                          |                          |
| Office held Name   | Street or P.O. Ac<br>lielson 180208-B US Hu   |  | City .                               | State Zip<br>TO 8333Z    |
| President, Larry M.A                                       | lieised propositions  | •  | tagerman                             |                          |
| ecttres. Brank. 1  | Vielson 2929 5. 2200  | E. L   | Wendell                              | IO 83322                 |
| becfires. Brank.   | Vielson 2929 S. 2200  | E. L   | wende 11                             | 10 8333                  |
| Decftres. Brian K. 1                                       | Vielson 2929 S. 2200  | <i>E</i> . (                                 | wende 11                             | . 10 82333               |
| becftres. Brian K. 1                                       | Vielson 2929 S. 2200  | <i>E</i> . U                                 | wende 11                             |                          |
|  | 6. I certify that this An   | nual Rep∳rt has been e                       |                                      | 4                        |
|  | 6. I certify that this An<br>knowledge true, cor  | nual Rep∳rt has been e                       | examined by me an                    | d is to the best of my   |
|  | 6. I certify that this An   | nual Report has been e<br>red; and complete. | examined by me an                    | 4                        |