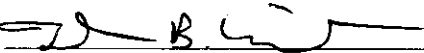


No. C 81849	Due no later than Jul 31, 2000 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable WHEEL CITY, INC. OF IDAHO FALLS 244 CONSTITUTION WAY IDAHO FALLS, ID 83402		MARK C. NELSON 3975 BRIARWOOD IDAHO FALLS, ID ⁸³⁴⁰⁴ 83401																		
			3. New Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>MARK NELSON</td> <td>3975 BRIARWOOD</td> <td>IDAHO FALLS,</td> <td>ID.</td> <td>83404</td> </tr> <tr> <td>SECRETARY</td> <td>TOM ERICKSON</td> <td>320 E. 5TH NO.</td> <td>ST. ANTHONY,</td> <td>ID.</td> <td>83445</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	MARK NELSON	3975 BRIARWOOD	IDAHO FALLS,	ID.	83404	SECRETARY	TOM ERICKSON	320 E. 5TH NO.	ST. ANTHONY,	ID.	83445
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SECRETARY	TOM ERICKSON	320 E. 5TH NO.	ST. ANTHONY,	ID.	83445																
5. Organized Under the Laws of: IDAHO C 81849	6. Signature  Date <u>8/4/00</u> Name (Typed or Printed) ^{SECRETARY} THOMAS B. ERICKSON Time <u>1:14 P.M.</u>																				

Issued 05/10/2000

Do Not Tape or Staple

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