| INSTRUCTIONS ON REVERSE SIDE                                        |               |                                                                                                                                                                                                          |                                                        |                     | ISSUED JULY 1, 1989                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               |                       |  |
|---------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|--|
| No. 47721                                                           |               | Idaho Corporation Annual Report Form  Due No Later Than November 1.1989  1. Mailing Address — Please Correct 47721  J. M. HESS CONSTRUCTION CO., INC  JERRY M. HESS  ***EXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |                                                        |                     | 2. Registered Agent and Office  J.M. HESS  ***COUNTEXTS***  ***COUNTEXTS**  ** |               |                       |  |
| Return To  Secretary of State Room 203, Statehouse Boise, 10, 83720 |               |                                                                                                                                                                                                          |                                                        |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                       |  |
|                                                                     |               |                                                                                                                                                                                                          |                                                        | C NAMI              | 519 E. Karcher Rd. NAMPA  3. Incorporated Under The Laws                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               | ID <b>%3%</b><br>8368 |  |
| 8400 FE 24 FE AMI                                                   | <b>k</b>      | 519 E. Karcher                                                                                                                                                                                           |                                                        |                     | IDAHO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NO:           | 47721                 |  |
| 4. Names and Addresses o                                            |               |                                                                                                                                                                                                          |                                                        |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ***           | 7,14                  |  |
|                                                                     |               | <u>Name</u>                                                                                                                                                                                              | Street or P.O. Address                                 |                     | <u>City</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>State</u>  | <u>Zip</u>            |  |
| President: Secretary: Directors:                                    | 90 0          | J. M. Hess<br>JoAn Hess<br>J. M. Hess                                                                                                                                                                    | 17330 Madison Ro<br>17330 Madison Ro<br>As Above       |                     | Nampa<br>Nampa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ID            | 83687<br>83687        |  |
| Directors. Ga                                                       | E             | Buzz Hastriter                                                                                                                                                                                           |                                                        | đ.                  | Nampa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ID            | 83687                 |  |
| **Please note tha<br>update of our                                  | tehe<br>milir | address change a<br>ng address from a                                                                                                                                                                    | above is <u>NOT</u> a Change<br>a Rural route/Box # to | of our p<br>a stree | hysical loc<br>t address.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | cation. C     | Only an               |  |
| 5. Nature of Business                                               |               | 6. I certify t                                                                                                                                                                                           | that this Annual Report has been                       | examined by         | y me and is to th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ne best of my | knowledge             |  |
| o. Nature of Dusiness                                               |               |                                                                                                                                                                                                          |                                                        |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | _                     |  |
| Construction                                                        |               |                                                                                                                                                                                                          | rect and complete.                                     | u M                 | Date 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 10/20/89      | _                     |  |