

No. 62045	<b>Idaho Corporation Annual Report Form</b>	2. Registered Agent and Office <b>MICHAEL E. FORD</b> 412 E. 41ST ST.
Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  <b>SEC. OF STATE</b>  <b>NO FEE REQUIRED</b> <b>89 JUL 13 AM 10 26</b>	/ Due No Later Than November 1, 1989.	
	1. Mailing Address — Please Correct 62045	
	<b>HALL CRANE SERVICE, INC.</b> <b>S. S. PARSONS</b> <b>1160 GRANT ST.</b>  <b>EUGENE</b> OR <b>97402</b>	<b>BOISE</b> ID <b>83704</b>  3. Incorporated Under The Laws of <b>OREGON</b>  <b>NO: 62045</b>

## 4. Names and Addresses of Officers and Directors

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	<i>S. S. Parsons</i>	<i>1815 W. 29TH AVE</i>	<i>Eugene, OR</i>	<i>OR</i>	<i>97405</i>
Secretary:	<i>K. D. Parsons</i>	<i>1815 W. 29TH AVE</i>	<i>Eugene, OR</i>	<i>OR</i>	<i>97405</i>
Directors:	<i>S. S. Parsons</i>				
	<i>K. D. Parsons</i>				

## 5. Nature of Business

*Crane rental service*

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature

Name (Typed or Printed)

*S. S. PARSONS*

Date

Title

*7-10-89**PRESIDENT*