

| No. <b>C118539</b>   | <b>Annual Report Form</b><br>Due No Later Than November 30, <b>1997</b>  |  | 2. Registered Agent and Office <b>NOT A P.O. BOX</b>                           |                    |             |                               |             |              |            |                     |              |            |          |    |       |                          |            |                  |       |    |       |
|--|--|--|--|--------------------|-------------|-------------------------------|-------------|--------------|------------|---------------------|--------------|------------|----------|----|-------|--------------------------|------------|------------------|-------|----|-------|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FEE REQUIRED</b><br><br><b>* FIRST NOTICE *</b>  | 1. Mailing Address - Please Correct, If Not Correct<br><br><b>CAPITAL SIDING SUPPLIERS, IN</b><br><b>TOM PETERSEN</b><br><b>601 E 46TH STE 2-10</b><br><br><b>BOISE ID 83714</b> |  | <b>TOM PETERSEN</b><br><b>601 E 46TH STE 2-10</b><br><br><b>BOISE ID 83714</b> |                    |             |                               |             |              |            |                     |              |            |          |    |       |                          |            |                  |       |    |       |
|  | 3. Organized Under the Laws of:  |  | <b>ID C118539</b>  |                    |             |                               |             |              |            |                     |              |            |          |    |       |                          |            |                  |       |    |       |
| 4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b><br>Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)  |  |  |  |                    |             |                               |             |              |            |                     |              |            |          |    |       |                          |            |                  |       |    |       |
| <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President/Treasurer</td> <td>Tom Petersen</td> <td>932 E Pine</td> <td>Meridian</td> <td>Id</td> <td>83842</td> </tr> <tr> <td>Vice President/Secretary</td> <td>Mary Jones</td> <td>3650 Maywood Dr.</td> <td>Boise</td> <td>Id</td> <td>83704</td> </tr> </tbody> </table> |  |  |  | <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | President/Treasurer | Tom Petersen | 932 E Pine | Meridian | Id | 83842 | Vice President/Secretary | Mary Jones | 3650 Maywood Dr. | Boise | Id | 83704 |
| <u>Office held</u>   | <u>Name</u>  | <u>Street or P.O. Address</u>  | <u>City</u>  | <u>State</u>       | <u>Zip</u>  |                               |             |              |            |                     |              |            |          |    |       |                          |            |                  |       |    |       |
| President/Treasurer  | Tom Petersen   | 932 E Pine   | Meridian   | Id                 | 83842       |                               |             |              |            |                     |              |            |          |    |       |                          |            |                  |       |    |       |
| Vice President/Secretary   | Mary Jones   | 3650 Maywood Dr.   | Boise  | Id                 | 83704       |                               |             |              |            |                     |              |            |          |    |       |                          |            |                  |       |    |       |
| 5.   |  | 6.   |  |                    |             |                               |             |              |            |                     |              |            |          |    |       |                          |            |                  |       |    |       |
|  |  | Signature <u><i>Thomas L Petersen</i></u> Date <u>10/8/97</u><br>Name (Typed or Printed) <u>THOMAS L PETERSEN</u> Title <u>PRES/TREAS.</u> |  |                    |             |                               |             |              |            |                     |              |            |          |    |       |                          |            |                  |       |    |       |

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

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