

No. C 59689	Annual Report Form Due No Later Than November 30, 1995		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct HOLMES, INC. BUDDY W. HOLMES 5467 SADDLE ST. BOISE ID 83729		BUDDY W HOLMES 5467 SADDLE ST BOISE ID 83725 3. Organized Under the Laws of: ID C 59689																			
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="1" data-bbox="34 340 1475 478"> <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>PRES</td> <td>Buddy Holmes</td> <td>5467 SADDLE</td> <td>BOISE</td> <td>ID</td> <td>83709</td> </tr> <tr> <td>SEC.</td> <td>APRIL HOLMES SPENCER</td> <td>" "</td> <td>" "</td> <td>" "</td> <td>" "</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	PRES	Buddy Holmes	5467 SADDLE	BOISE	ID	83709	SEC.	APRIL HOLMES SPENCER	" "	" "	" "	" "
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SEC.	APRIL HOLMES SPENCER	" "	" "	" "	" "																	
5. NATURE OF BUSINESS PLUMBING CONTRACTOR		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 <u>Buddy Holmes</u> Date <u>9/15/96</u> Name (Typed or Printed) <u>Buddy W. Holmes</u> Title <u>PRES.</u>																				

ISSUED: 07-06-1996

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