

No. 51803	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1991		2. Registered Agent and Office NOT A P.O. BOX																									
Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  NO FEE REQUIRED	1. Mailing Address: <i>Please Correct If Not Correct</i>		JON S. HOLST BOX 486 10126 N. YELLOWSTONE UCON ID 83454																									
	HOLST TRUCK & AUTO WRECKING JON S. HOLST BOX 126  UCON ID 83454		3. Incorporated Under The Laws of ID  NO: 051803																									
4. Names and Addresses of Officers and Directors																												
<table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Jon S. Holst</td> <td>P.O. Box 486</td> <td>UCON</td> <td>ID</td> <td>83454</td> </tr> <tr> <td>Secretary:</td> <td>Shauna L Holst</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Jon S. Holst	P.O. Box 486	UCON	ID	83454	Secretary:	Shauna L Holst	"	"	"	"	Directors:					
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Secretary:	Shauna L Holst	"	"	"	"																							
Directors:																												
5. Nature of Business  NEW & USED TRUCK & AUTO PARTS		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  <table border="1"> <tr> <td>Signature</td> <td><i>Shauna L Holst</i></td> <td>Date</td> <td>7-15-91</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Shauna L Holst</td> <td>Title</td> <td>SEC</td> </tr> </table>			Signature	<i>Shauna L Holst</i>	Date	7-15-91	Name (Typed or Printed)	Shauna L Holst	Title	SEC																
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