Logging	true, correct and complete. Signature Name (Typed) Date Hanson Date Pres.				
5. Nature of Business	6. I certify th at \	nis Annual Report has been exa	mined by me and is to the	best of my	knowledae
President: Secretary: Directors:	Name Dale Hanson James Hanson William E. Hanson Jon Hanson	P.O. Box 145 Gen. Del. P.O. Box 27 P.O. Box 4	City Horseshoe Bend Horseshoe Bend Horseshoe Bend	State Id. Id. Id. Id.	Zip 83629 83629 83629 83629
Room 203, Statehouse Boise, ID 83720 Forfeited 12/1/87 Reinstatement Fee: \$16.00	ART HANSON & SON, INC. Dale Hanson P. O. Box 145 Horseshoe Bend, Idaho 83629		3 Incorporated Under The Laws of IDAHD		
Return To Secretary of State	Idaho Corporation Annual Report Form Due Wo Later Than November 1, 1988 1. Mailing Address — Please Correct		Dale A. Hanson P. O. Box 145		
No. 038496	INSTRUC	2. Registered Agent and Office			

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