Return to: SECRETARY OF STATE 700 WEST JEFFERSON  1. Mailing Address - Please Correct, If Not Correct  1. Mailing Address - Please Correct  1. Mailing Address - Plea	lo. <sup>C</sup> 84339		nual Report Form  Later Than November 30,		tered Agent and		A P.O. BOX
* FINAL NOTICE ** LEWISTON ID 83501 ID C 84089  Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)  Office held Name Street or P.O. Address City State Zip  RESIDENT LESY R. Killgore 1322 BURREH Lausten ZDAIO 83581  Wice Resident Heather Killgore 1322 BURREH Lausten ZDAIO 83581  NATURE OF BUSINESS  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 Mather Killgore Date 10-24-96  Name Printed Addresses Title Will Res	SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720	KILLGORE E LES KILLGO	EXCAVATING INC.	132	2 BURRE	LL	83501
Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)  Office held Name Street or P.O. Address City State Zip  RESIDENT LESIN R. Killyone 1322 BURREN Lauren IDANO 8350/  Wice Resident Heather Killyone 1322 BURREN Lauren IDANO 8350/  NATURE OF BUSINESS  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 Mather Killyone Date 10-24-96  Name Proposed Address  Title Kit Res			* 6 4 4 4 4	1 4			000
Office held Name Street or P.O. Address City State Zip  RESIDENT LESY R Killgore 1322 BURREH Lausten IDAGO 8350/  RESIDENT HESTHER Killgore 1322 BURREH Lausten IDAGO 8350/  RESIDENT HESTHER Killgore 1322 BURREH Lausten Idako 8350/  NATURE OF BUSINESS  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 Mathew Bullgore Date 10-24-96  Name (Typed of Heather Killgore Title With Res	Corporations: Enter Names a	and Addresses of Preside	ent, Secretary and Directo	rs		<u> </u>	
NATURE OF BUSINESS  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 Support of House Title Wit Res	•		•	,	•	State	<u>Zip</u>
NATURE OF BUSINESS  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 Signature Date 10-24-96  Name Printed Aparter Killgare Title Killgare	RESIDENT LESN.	R. Killgore 1.	322 BARREY	Lauren	אמלד	san i	835M
knowledge true correct and complete.  Signature Signature Date 10-24-96  Name Printed Aparter Killgore Title Wit Ires	lice Resport Hes	ther Killgore ,	1322 Burral	Lauser	Idako	, 83	3 <i>∞</i> /
Name Printed Agarher Killyoke Title Wet Ikes	lice Resport Hes	ther Killgore ,	1322 Burral	lavser	JdsHo	<b>93</b>	327
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