

| No. 062213   | <b>Idaho Corporation Annual Report Form</b>                                      |  | 2. Registered Agent and Office                             |     |           |                        |                         |       |     |            |  |  |  |  |            |  |  |  |  |            |  |  |  |  |
|--|--|--|--|-----|-----------|------------------------|-------------------------|-------|-----|------------|--|--|--|--|------------|--|--|--|--|------------|--|--|--|--|
| Return To<br>Secretary of State<br>Room 203, State House<br>Boise, ID 83726<br><br>87 JUL 7 PM   | Due No Later Than November 1, 1987   |  | C. DENNIS ROBISON<br>P.O. BOX 790<br>HAILEY, ID<br>83333   |     |           |                        |                         |       |     |            |  |  |  |  |            |  |  |  |  |            |  |  |  |  |
|  | 1. Mailing Address — Please Correct 062213                                       |  |  |     |           |                        |                         |       |     |            |  |  |  |  |            |  |  |  |  |            |  |  |  |  |
|  | MR. INSULATION, INC.<br>C. DENNIS ROBISON<br>P.O. BOX 790<br>HAILEY, ID<br>83333 |  | 3. Incorporated Under The Laws<br>of<br><br>STATE OF IDAHO |     |           |                        |                         |       |     |            |  |  |  |  |            |  |  |  |  |            |  |  |  |  |
| 4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p style="font-size: 2em; transform: rotate(-15deg); opacity: 0.5;">This business was closed 9/30/86</p> <p style="font-size: 1.5em; transform: rotate(-15deg); opacity: 0.5;">letter re: dissolution / vol forfeiture sent</p> |  |  |  |     | Name      | Street or P.O. Address | City                    | State | Zip | President: |  |  |  |  | Secretary: |  |  |  |  | Directors: |  |  |  |  |
| Name   | Street or P.O. Address   | City   | State  | Zip |           |                        |                         |       |     |            |  |  |  |  |            |  |  |  |  |            |  |  |  |  |
| President:   |  |  |  |     |           |                        |                         |       |     |            |  |  |  |  |            |  |  |  |  |            |  |  |  |  |
| Secretary:   |  |  |  |     |           |                        |                         |       |     |            |  |  |  |  |            |  |  |  |  |            |  |  |  |  |
| Directors:   |  |  |  |     |           |                        |                         |       |     |            |  |  |  |  |            |  |  |  |  |            |  |  |  |  |
| 5. 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. <table border="1"> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Title</td> </tr> </table> |  |     | Signature | Date                   | Name (Typed or Printed) | Title |     |            |  |  |  |  |            |  |  |  |  |            |  |  |  |  |
| Signature  | Date   |  |  |     |           |                        |                         |       |     |            |  |  |  |  |            |  |  |  |  |            |  |  |  |  |
| Name (Typed or Printed)  | Title  |  |  |     |           |                        |                         |       |     |            |  |  |  |  |            |  |  |  |  |            |  |  |  |  |

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