

No. C112447	Annual Report Form <i>Due No Later Than November 30,</i> 1996		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		A JOHN BROOKHART 3768 E 107 N																			
	JOHN BROOKHART CPA PA A JOHN BROOKHART PO BOX 336		UCON ID 83454																			
	JCON ID 83454		3. Organized Under the Laws of: ID C112447																			
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 style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>A John Brookhart</td> <td>PO Box 336</td> <td>Ucon</td> <td>ID</td> <td>83454</td> </tr> <tr> <td>Secretary</td> <td>Leola K Brookhart</td> <td>PO Box 336</td> <td>Ucon</td> <td>ID</td> <td>83454</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	A John Brookhart	PO Box 336	Ucon	ID	83454	Secretary	Leola K Brookhart	PO Box 336	Ucon	ID	83454
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																	
President	A John Brookhart	PO Box 336	Ucon	ID	83454																	
Secretary	Leola K Brookhart	PO Box 336	Ucon	ID	83454																	
5. NATURE OF BUSINESS ACCOUNTING	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>Leola K. Brookhart</u> Date <u>8-19-96</u> Name <small>(Typed or Printed)</small> <u>Leola K. Brookhart</u> Title <u>Secretary</u>																					

ISSUED: 07-06-1996

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