

64060

INSTRUCTIONS ON REVERSE SIDE PLEASE TYPE OR PRINT

|                                                                                    |                                                                                                                                                        |                                                                 |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| No.                                                                                | <b>Idaho Corporation Annual Report Form</b>                                                                                                            | 2. Registered Agent and Office NOT A P.O. BOX                   |
| Return To                                                                          | Due No Later Than November 1, <b>1992</b>                                                                                                              | <b>RANDY RAYBORN</b><br><b>653 TROTTER DRIVE</b>                |
| <b>Secretary of State</b><br><b>Room 203, Statehouse</b><br><b>Boise, ID 83720</b> | 1. Mailing Address - <i>Please Correct, If Not Correct</i><br><b>RAYBORN CUSTOM FINISHES, INC.</b><br><b>RANDY RAYBORN</b><br><b>653 TROTTER DRIVE</b> | <b>TWIN FALLS</b> ID <b>83301</b>                               |
| ★ FIRST NOTICE ★<br>NO FEE REQUIRED                                                | <b>TWIN FALLS</b> ID <b>83301 0000</b>                                                                                                                 | 3. Incorporated Under The Laws of <b>ID</b><br>NO: <b>64060</b> |

## 4. Names and Addresses of Officers and Directors

|            | <u>Name</u>          | <u>Street or P.O. Address</u> | <u>City</u>        | <u>State</u> | <u>Zip</u>   |
|------------|----------------------|-------------------------------|--------------------|--------------|--------------|
| President: | <b>RANDY RAYBORN</b> | <b>653 TROTTER DR.</b>        | <b>TWIN FALLS,</b> | <b>ID</b>    | <b>83301</b> |
| Secretary: | <b>SANDY RAYBORN</b> | <b>same</b>                   | <b>same</b>        |              |              |
| Directors: |                      |                               |                    |              |              |

## 5. Nature of Business

**Contractor**  
**(Bldg / Remodel)**

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

Name (Typed or Printed)

Date

Title

*Randy Rayborn*  
**RANDY RAYBORN**

**7-9-92**  
**PRES.**