

No. <b>C112155</b>	<b>Annual Report Form</b> 1996 Due No Later Than November 30,	2. Registered Agent and Office <b>NOT A P.O. BOX</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct  CAPITOL INVESTIGATORS, INC. SCOTT ALLRED 10611 HINSDALE  BOISE ID 83704	SCOTT ALLRED 10611 HINSDALE  BOISE ID 83704  3. Organized Under the Laws of:  ID C112155
<b>* FIRST NOTICE *</b>		
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>
PRESIDENT/ DIRECTOR	SCOTT D. ALLRED	10611 HINSDALE
SECRETARY/ DEP. DIRECTOR	SUSAN ALLRED	10611 HINSDALE
<u>City</u>	<u>State</u>	<u>Zip</u>
BOISE	ID	83713
BOISE	ID	83713
5. NATURE OF BUSINESS THEFT INVESTIGATION SERVICE ANY LAWFUL (PRIVATE INVESTIGATOR)	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>Susan Allred</u> Date <u>08/4/96</u> Name (Typed or Printed) <u>SUSAN ALLRED</u> Title <u>DEPUTY DIRECTOR</u>	
ISSUED: 07-06-1996		

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