

No. 81849	Idaho Corporation Annual Report Form Due No Later Than November 1, 1990		2. Registered Agent and Office																								
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	1. Mailing Address — Please Correct		MARK C. NELSON 3975 BRIARWOOD IDAHO FALLS ID 83401 58																								
	WHEEL CITY, INC. OF IDAHO F MARK C. NELSON 244 CONSTITUTION IDAHO FALLS ID 83402		3. Incorporated Under The Laws of ID NO: 081849																								
	4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Mark Nelson</td> <td>Rt. 3 Box 284</td> <td>Idaho Falls</td> <td>Id</td> <td>83401</td> </tr> <tr> <td>Secretary:</td> <td>Tom Erickson</td> <td>320 East 5th North</td> <td>St. Anthony</td> <td>Id</td> <td>83445</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Mark Nelson	Rt. 3 Box 284	Idaho Falls	Id	83401	Secretary:	Tom Erickson	320 East 5th North	St. Anthony	Id	83445	Directors:				
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Directors:																											
5. Nature of Business Wheel Whole sale	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 <small>(Typed or Printed)</small> Mark Nelson</td> <td>9/19/90 President</td> </tr> </table>				Signature	Date	Name <small>(Typed or Printed)</small> Mark Nelson	9/19/90 President																			
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