

No. C 52493	<b>Annual Report Form</b> 1996 Due No Later Than November 30,		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  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct  <b>ARNOLDS INCORPORATED</b>  <b>BOX F - 241 MAIN STREET NORTH</b>  <b>KIMBERLY ID 83341 1105</b>		<b>BARBARA ARNOLD</b> <b>241 MAIN STREET NORTH</b>  <b>KIMBERLY ID 83341</b>  3. Organized Under the Laws of:  <b>ID C 52498</b>																			
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one) <table border="1" data-bbox="19 351 1465 686"> <thead> <tr> <th>Office held</th> <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>Phillip J. Arnold</td> <td>406 Gem Drive</td> <td>Kimberly</td> <td>ID</td> <td>83341</td> </tr> <tr> <td>Secretary</td> <td>Barbara Arnold</td> <td>405 Oak St. S.</td> <td>Kimberly</td> <td>ID</td> <td>83341</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	Phillip J. Arnold	406 Gem Drive	Kimberly	ID	83341	Secretary	Barbara Arnold	405 Oak St. S.	Kimberly	ID	83341
Office held	Name	Street or P.O. Address	City	State	Zip																	
President	Phillip J. Arnold	406 Gem Drive	Kimberly	ID	83341																	
Secretary	Barbara Arnold	405 Oak St. S.	Kimberly	ID	83341																	
5. <b>NATURE OF BUSINESS</b>  <b>DRY GOODS &amp; HARDWARE</b>	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>Phillip J. Arnold</u> Date <u>7/31/96</u> Name (Typed or Printed) <u>PHILLIP J. ARNOLD</u> Title <u>PRES</u>																					

ISSUED: 07-06-1996

5290