*******	INSTRUC	TIONS ON REVERSE SIDE		-	
		tion Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX		
Return To	Que No Later Than November 1, 1991		FLOYD GIASON 8095 WEST MAPIGOLD ST		
Secretary of State Room 203, Statehouse Boise, ID 83720	1. Mailwij Address — /	Hease Correct, If Not Correct	00 4 2 WES,1 THE	I GOLD ST	
	THERM-OX INDUSTRIES, INC. LONNY HYTREK 2880 SW 4TH AVE STE #1		BOISE	ID 83	714
			3. Incorporated Under The of Q ?	e Laws	
NO FEE REQUIRED	ONTARIO	OR 97914	NO: 093612		
4. Names and Addresses of Office	ers and Directors		**************************************		
	Name	Street or P.O. Address	<u>City</u>	State Zip	
President: FLoy	D GSBSON	8095 W. MARIGOL) Bozs E	ID 83	714
Directors:	y hytrek	1477 ARATA WAY	ONTARES	OR 97	714
Mor	ric Grisc	SIL W. FRANKI	IN BUTSE	FD	
•	o GIBSON				
Loki	vy HYTREK	Ji w	"		
5. Nature of Business	6. I certify the true, correct	at this Annual Report has been example and complete	nined by me and is to the be	est of my knowle	dge
TRANSPORTATION Signature		Lowing L. Hytack		5-91	
	Name (Typed of Name Arinted)	LONKY L. HYTREK	Title Se	<u> </u>	