No. C 115045 Return to:	Due no later than May 31, 2004 Annual Report Form 1. Mailing Address - Correct in this box. if applicable LEMHI WASTE SERVICES, INC. OTIS STOUT 848 MAIN ST STE K 6 18 M. ST. CHARLES ST		2. Registered Agent and Office NO PO BOX OTIS STOUT 818 MAIN ST STE K ST SALMON, ID 83467	
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720				
NO FILING FEE IF RECEIVED BY DUE DATE	SALMON, ID 83467	3. <u>Ne</u>	w Registered Ag	ent Signature
PRESIDENT NORM SOWARD 1-PRESIDENT OTIS STOUT SEURETARY DIMNE CLEVE	Street or P.O. Addresses of Presiden Street or P.O. Address 6/8 N. St Charles	City SALMON SALMON SALMON	State ID ID	Zip 83467 83467 83467
5. Organized Under the Laws of: IDAHO C 115045	6. Signature Lis Sput Name Printed CT is Ston)		1/04
Issued 03/02/2004	Do Not Tape or Staple			3318