

| No. <b>C101845</b>   | <b>Annual Report Form</b><br>Due No Later Than November 30, <b>1996</b>   |  | 2. Registered Agent and Office NOT A P.O. BOX   |       |             |      |                        |      |       |     |           |                |                    |            |    |       |           |                   |                    |            |    |       |
|--|---|--|---|-------|-------------|------|------------------------|------|-------|-----|-----------|----------------|--------------------|------------|----|-------|-----------|-------------------|--------------------|------------|----|-------|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FEE REQUIRED</b>   | 1. Mailing Address - Please Correct, If Not Correct<br><br>SUREFIRE HOOD CLEANING SERVI<br>JOHN F THAXTER<br>N 1076 WILD ROSE LN<br><br>POST FALLS ID 83854 |  | JOHN F THAXTER<br>N 1076 WILD ROSE LN<br><br>POST FALLS ID 83856<br><br>3. Organized Under the Laws of:<br><br>ID C101845 |       |             |      |                        |      |       |     |           |                |                    |            |    |       |           |                   |                    |            |    |       |
| * FIRST NOTICE * POST FALLS ID 83854 ID C101845  |   |  |   |       |             |      |                        |      |       |     |           |                |                    |            |    |       |           |                   |                    |            |    |       |
| 4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b><br>Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="0" style="width: 100%;"> <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>JOHN F THAXTER</td> <td>N1076 WILD ROSE LN</td> <td>POST FALLS</td> <td>ID</td> <td>83854</td> </tr> <tr> <td>SECRETARY</td> <td>FRANCES K THAXTER</td> <td>N1076 WILD ROSE LN</td> <td>POST FALLS</td> <td>ID</td> <td>83854</td> </tr> </tbody> </table> |   |  |   |       | Office held | Name | Street or P.O. Address | City | State | Zip | PRESIDENT | JOHN F THAXTER | N1076 WILD ROSE LN | POST FALLS | ID | 83854 | SECRETARY | FRANCES K THAXTER | N1076 WILD ROSE LN | POST FALLS | ID | 83854 |
| Office held  | Name  | Street or P.O. Address   | City  | State | Zip         |      |                        |      |       |     |           |                |                    |            |    |       |           |                   |                    |            |    |       |
| PRESIDENT  | JOHN F THAXTER  | N1076 WILD ROSE LN   | POST FALLS  | ID    | 83854       |      |                        |      |       |     |           |                |                    |            |    |       |           |                   |                    |            |    |       |
| SECRETARY  | FRANCES K THAXTER   | N1076 WILD ROSE LN   | POST FALLS  | ID    | 83854       |      |                        |      |       |     |           |                |                    |            |    |       |           |                   |                    |            |    |       |
| 5. NATURE OF BUSINESS<br><br>SERVICE OF RESTAURANTS  |   | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.<br>Signature <u>John F. Thaxter</u> Date <u>7-16-96</u><br>Name (Typed or Printed) <u>JOHN F. THAXTER</u> Title <u>PRESIDENT</u> |   |       |             |      |                        |      |       |     |           |                |                    |            |    |       |           |                   |                    |            |    |       |

ISSUED: 07-06-1996

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