

No. 58812	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 1, 1993		CHARLES E WALLER 566 MILL RD																									
	1. Mailing Address: <i>Please Print Name, Address, City, State, and Zip</i> WALLER ENTERPRISES, INC. CHARLES E. WALLER 566 MILL ROAD LEWISTON ID 83501		LEWISTON ID 83501 3. Incorporated Under The Laws of ID NO: 58812																									
4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED <table border="1"> <thead> <tr> <th></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>C. E. WALLER</td> <td>566 Mill Rd.</td> <td>Lewiston</td> <td>Id.</td> <td>83501</td> </tr> <tr> <td>Secretary:</td> <td>GAIL C. WALLER</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td>WALTER D. SQUIRES</td> <td>1037 LINDEN</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	C. E. WALLER	566 Mill Rd.	Lewiston	Id.	83501	Secretary:	GAIL C. WALLER	"	"	"	"	Directors:	WALTER D. SQUIRES	1037 LINDEN	"	"	"
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Directors:	WALTER D. SQUIRES	1037 LINDEN	"	"	"																							
5. Nature of Business AUTO WRECKING	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>Gail C. Waller</u> Date <u>8/11/93</u> Name (Typed or Printed) <u>GAIL C. WALLER</u> Title <u>SECRETARY</u>																											