

**DO NOT WRITE IN THESE SPACES**

|                                                                                                                                                                          |                                                                                                                            |                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <b>No.</b> 104929                                                                                                                                                        | <b>Idaho Corporation Annual Report Form</b><br><i>Due No Later Than November 1, 1994</i>                                   | <b>2. Registered Agent and Office</b><br>VERN O THOMAS<br>780 WARM SPRINGS RD<br>KETCHUM ID 83340 |
| Return To<br><br><b>Secretary of State</b><br><b>Room 203, Statehouse</b><br><b>P.O. BOX 83720</b><br><b>Boise, ID 83720-0080</b><br>★ FIRST NOTICE ★<br>NO FEE REQUIRED | <b>1. Mailing Address —</b><br>THOMAS PLUMBING & HEATING, INC.<br>VERN O THOMAS<br>2881 FALLS AVE E<br>TWIN FALLS ID 83301 | <b>3. Incorporated Under The Laws</b><br>of ID<br>NO: 104929                                      |

|                                                         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                         |
|---------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------|
| <b>4. Names and Addresses of Officers and Directors</b> |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                         |
| <b>MUST BE PRINTED OR TYPED</b>                         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                         |
|                                                         | <u>Name</u>    | <u>Street or P.O. Address</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u>City</u> | <u>State</u> <u>Zip</u> |
| President:                                              | VERN O. THOMAS | 2881 FALLS AVE E.                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TWIN FALLS  | ID. 83301               |
| Secretary:                                              | PAULINE THOMAS | 2881 FALLS AVE E.                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TWIN FALLS  | ID. 83301               |
| Directors:                                              |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                         |
|                                                         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                         |
| <b>5. Nature of Business</b><br>PLUMBING & HEATING      |                | <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.</b><br><div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;">           Signature <i>Pauline Thomas</i><br/> <small>(Typed or Printed)</small> PAULINE THOMAS         </div> <div style="width: 35%;">           Date <i>9/9/94</i><br/>           Title SECRETARY         </div> </div> |             |                         |