•••		INSTRUC	TIONS ON REVERSE, SIDE	TSCHEN: 07-11-1001	
No. 96319			tion Annual Report Form	2. Registered Agent and Office NOT A P.O. Bu	XC
Return To Secretary of State Room 203, Statehouse Boise, ID 83720		Due No Leter Than November 1, 1,003.  1 Mading Address: Charles Charles Control 1.		3209 NORTH 39TH STREET	
		BROOKS EXCAV LARRY D BROO 3209 NORTH 3	) KS	30 I SE ID 83703 6	4
* FIRST !		BOISE	ID 83703 4503	of ID NO: 96319	
4. Names and Ado	Iresses of Offic	ers and Directors	MUST BE PRINTED C	R TYPED	
		Name	Street or P.O. Address	<u>City</u> <u>State</u> <u>Zip</u>	
President: Secretary: Directors:	-	Dee Brooks L. Brooks	PO. Box 3722 P.O. Box 3722	Boise, Idaho 83703 Boise, Idaho 83703	
5, Nature of Busin	098	6.1 certify th	at this Annual Report has been exar	mined by me and is to the best of my knowledge	
EXCAVATION		true, cotre	of and complete	o h	
		Signature (Typed or Printed)	Donna L. Brooks	Date &/12/93 Title Secretary	