

Annual Report Form 1997
Due No Later Than November 30,

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080
NO FEE REQUIRED

1. Mailing Address - Please Correct, if Not Correct

CMI, INC.
TED S. PULVER
810 N HENRY, SUITE 300

2. Registered Agent and Office NOT A P.O. BOX

TED S. PULVER
810 N HENRY, SUITE 300
POST FALLS ID 83854

3. Organized Under the Laws of:

ID C 90961

** FINAL NOTICE **

POST FALLS ID 83854

4. Corporations: Enter Names and Addresses of President, Secretary and Directors
Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
President	Ted Pulver	540 E. Riverview Dr.	Post Falls	ID	83854
Vice Pres.	Stan Strick	14987 Valley Vista	Sherman Oaks	CA	91403
Secretary	Sheila Pulver	540 E. Riverview Dr.	Post Falls	ID	83854

5.

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 [Signature] Date 11/21/97

Name (Typed or Printed) Pulver Title Pres

ISSUED: 10-04-1997