

INSTRUCTIONS ON REVERSE SIDE

No. 110277	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX LOWELL A. THYKESON																															
Return To	Due No Later Than November 15, 1995		402 LINDEN DR																															
Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080	1. Mailing Address - Please Correct If Not Correct L T CONSTRUCTION, INC.		LEWISTON ID 83501																															
* FIRST NOTICE * NO FEE REQUIRED	402 LINDEN DR LEWISTON ID 83501		3. Incorporated Under The Laws of ID NO: 110277																															
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>LOWELL THYKESON</td> <td>402 LINDEN DR.</td> <td>LEWISTON</td> <td>ID</td> <td>83501</td> </tr> <tr> <td>Secretary:</td> <td>MARRIE THYKESON</td> <td>402 LINDEN DR.</td> <td>LEWISTON</td> <td>ID</td> <td>83501</td> </tr> <tr> <td>Directors:</td> <td>LOWELL THYKESON</td> <td>402 LINDEN DR.</td> <td>LEWISTON</td> <td>ID</td> <td>83501</td> </tr> <tr> <td></td> <td>MARRIE THYKESON</td> <td>402 LINDEN DR.</td> <td>LEWISTON</td> <td>ID</td> <td>83501</td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Postal Code	President:	LOWELL THYKESON	402 LINDEN DR.	LEWISTON	ID	83501	Secretary:	MARRIE THYKESON	402 LINDEN DR.	LEWISTON	ID	83501	Directors:	LOWELL THYKESON	402 LINDEN DR.	LEWISTON	ID	83501		MARRIE THYKESON	402 LINDEN DR.	LEWISTON	ID	83501
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5. Nature of Business CONSTRUCTION	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>Lowell Thykeson</u> Date <u>10-13-95</u> Name (Typed or Printed) <u>LOWELL THYKESON</u> Title <u>Pres</u>																																	