

No. C 70102	Annual Report Form Due No Later Than November 30, 1996		2. Registered Agent and Office NOT A P.O. BOX MICHAEL GRAVES TRUE VALUE HARDWARE 011 MAIN ST KOOSKIA ID 83539
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED ** FINAL NOTICE **	1. Mailing Address - Please Correct. If Not Correct GRAVES, INC. MICHAEL GRAVES P. O. BOX 70 KOOSKIA ID 83539		3. Organized Under the Laws of: ID C 70102

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
Pres	Michael E Graves	Box 70	Kooskia	ID	83539
V. Pres	Marcia L. Graves	Box 70	Kooskia	ID	83539
Sec.	Marcia L. Graves	Box 70	Kooskia	ID	83539

5. NATURE OF BUSINESS HARDWARE - NURSERY ISSUED: 10-05-1996	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>Michael E Graves</u> Date <u>11-15-96</u> Name (Typed or Printed) <u>Michael E. Graves</u> Title <u>Pres</u> 3807
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