

## INSTRUCTIONS ON REVERSE SIDE

No. 61478	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1991	2. Registered Agent and Office NOT A P.O. BOX  GARY E BOYCE ROUTE 1, BOX 127  SALMON ID 83467																								
Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  NO FEE REQUIRED	1. Mailing Address: Please Correct If Not Correct	3. Incorporated Under The Laws of ID  NO: 061478																								
	BOYCE TRANSFER AND STORAGE, GARY E BOYCE ROUTE 1 BOX 127  SALMON ID 83467																									
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>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>GARY E. Boyce</td> <td>Rt 1 Box 127</td> <td>SALmon</td> <td>ID</td> <td>83467</td> </tr> <tr> <td>Secretary:</td> <td>Vicki L Boyce</td> <td>Rt 1 Box 127</td> <td>SALmon</td> <td>ID</td> <td>83467</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Name	Street or P.O. Address	City	State	Zip	President:	GARY E. Boyce	Rt 1 Box 127	SALmon	ID	83467	Secretary:	Vicki L Boyce	Rt 1 Box 127	SALmon	ID	83467	Directors:					
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Directors:																										
5. Nature of Business TRUCKING - STORAGE units	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: <i>Vicki L Boyce</i> Name (Typed or Printed): Vicki L. Boyce  Date: 7-6-91 Title: Sec. TREAS																									