

No. 051639	Idaho Corporation Annual Report Form		2. Registered Agent and Office																					
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 REC SEC. 1 OCT 3 10 32	Due No Later Than November 1, 1988		ROBERT D. OLIVE 719 12TH STREET KAMIAH, IDAHO 83536																					
	1. Mailing Address — Please Correct 051639																							
	OLIVE'S AUTO PARTS, INC. ROBERT D. OLIVE P. O. BOX 87 KAMIAH, IDAHO 83536		3. Incorporated Under The Laws of STATE OF IDAHO ENTERED OCT 3 1988																					
4. Names and Addresses of Officers and Directors																								
<table border="1"> <thead> <tr> <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: R. Lester Olive</td> <td>P.O. Box 87</td> <td>Kamiah</td> <td>Idaho</td> <td>83536</td> </tr> <tr> <td>Secretary: Robert D. Olive</td> <td>P.O. Box 87</td> <td>Kamiah</td> <td>Idaho</td> <td>83536</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President: R. Lester Olive	P.O. Box 87	Kamiah	Idaho	83536	Secretary: Robert D. Olive	P.O. Box 87	Kamiah	Idaho	83536	Directors:				
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5. Nature of Business A-T-PTS		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="0"> <tr> <td>Signature</td> <td><i>Robert D Olive</i></td> <td>Date</td> <td>9-30-88</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Robert D Olive</td> <td>Title</td> <td>Sec</td> </tr> </table>			Signature	<i>Robert D Olive</i>	Date	9-30-88	Name (Typed or Printed)	Robert D Olive	Title	Sec												
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