

No. C 56623		Due no later than Oct 31, 2010		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		TOM SQUIRES 2587 NORTH HOLMES AVE. IDAHO FALLS ID 83401			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		SQUIRES BRICK, INC. TOM D SQUIRES 127 SOUTH 5TH WEST REXBURG ID 83440					
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	DOU R SQUIRES	P.O. BOX 243	REXBURG	ID	USA	83440	
TREASURER	JUDD H SQUIRES	P.O. BOX 177	TETON CITY	ID	USA	83451	
SECRETARY	JUDD H SQUIRES	P.O. BOX 177	TETON CITY	ID	USA	83451	
PRESIDENT	TOM D SQUIRES	P.O. BOX 1387	IDAHO FALLS	ID	USA	83403	
5. Organized Under the Laws of: ID C 56623		6. Annual Report must be signed.* Signature: Tom Squires Name (type or print): Tom Squires		Date: 09/15/2010 Title: President			
Processed 09/15/2010		* Electronically provided signatures are accepted as original signatures.					