

<b>No. C101065</b>	<b>Annual Report Form</b> Due No Later Than November 30, <b>1999</b>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>  <b>JOHN M SHEPHERD</b> <b>620 COLLEGE AVE</b>  <b>ST MARIES ID 83861</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct  <b>PROTEL, INC.</b> <b>JOHN M SHEPHARD</b> <del>PO BOX 292</del> <b>9E meadowhurst</b> <b>ST MARIES ID 83861</b>		3. Organized Under the Laws of:  <b>ID C101065</b>
<b>** FINAL NOTICE **</b>			
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u> <u>State</u> <u>Zip</u>
<b>John M.</b> President	John M Shepherd	HCO1 Box SR325	St. Maries ID 83861
V. P.	Robert R. Krebs	HCO1 Box SR255	ST Maries ID 83861
Sec.	Marlene D. Krebs	HCO1 Box SR255	St. Maries. ID 83861
5. <u>New</u> Registered Agent Signature		6. Signature <u>Marlene D. Krebs</u> Date <u>11/15/99</u> Name (Typed or Printed) <u>Marlene D. Krebs</u> Title <u>Sec.</u>	

ISSUED: 10-01-1999

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