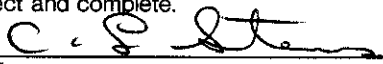
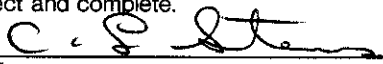
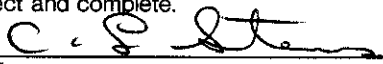


## INSTRUCTIONS ON REVERSE SIDE

| No. 028145                                                                                                                                                                                                                                                                                                                                                                            | <b>Idaho Corporation Annual Report Form</b><br>Due No Later Than November 1, 1987                                                                                                                                                                                                                                                                                                                                                    |       | 2. Registered Agent and Office                                  |     |           |                                                                                    |      |          |                         |               |       |                  |  |  |            |  |  |  |  |            |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------------|-----|-----------|------------------------------------------------------------------------------------|------|----------|-------------------------|---------------|-------|------------------|--|--|------------|--|--|--|--|------------|--|--|--|--|
| Return To<br><br>Secretary of State<br>Room 203, Statehouse<br>Boise, ID 83720<br><br>RECEIVED<br>SEC. OF STATE<br>87 OCT 23 AM 9:09                                                                                                                                                                                                                                                  | 1. Mailing Address — Please Correct 028145                                                                                                                                                                                                                                                                                                                                                                                           |       | C T CORPORATION<br>300 N. 6TH ST.<br>BOISE, IDAHO<br>83701      |     |           |                                                                                    |      |          |                         |               |       |                  |  |  |            |  |  |  |  |            |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                       | HJKCO ELECTRIC CORPORATION<br>C. P. FITZGERALD<br>1800 HARRISON STREET, P.O. Box 23210<br>OAKLAND, CALIFORNIA<br>94623                                                                                                                                                                                                                                                                                                               |       | 3. Incorporated Under The Laws<br>of<br><br>STATE OF CALIFORNIA |     |           |                                                                                    |      |          |                         |               |       |                  |  |  |            |  |  |  |  |            |  |  |  |  |
| 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:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></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:    |       |                  |  |  | Secretary: |  |  |  |  | Directors: |  |  |  |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                  | Street or P.O. Address                                                                                                                                                                                                                                                                                                                                                                                                               | City  | State                                                           | Zip |           |                                                                                    |      |          |                         |               |       |                  |  |  |            |  |  |  |  |            |  |  |  |  |
| President:                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                      |       |                                                                 |     |           |                                                                                    |      |          |                         |               |       |                  |  |  |            |  |  |  |  |            |  |  |  |  |
| Secretary:                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                      |       |                                                                 |     |           |                                                                                    |      |          |                         |               |       |                  |  |  |            |  |  |  |  |            |  |  |  |  |
| Directors:                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                      |       |                                                                 |     |           |                                                                                    |      |          |                         |               |       |                  |  |  |            |  |  |  |  |            |  |  |  |  |
| SCHEDULE ATTACHED                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                      |       |                                                                 |     |           |                                                                                    |      |          |                         |               |       |                  |  |  |            |  |  |  |  |            |  |  |  |  |
| 5. Nature of Business<br><br>Electrical Construction                                                                                                                                                                                                                                                                                                                                  | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.<br><br><table border="1"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>10-19-87</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>C. L. Stevens</td> <td>Title</td> <td>Asst. Controller</td> </tr> </table> |       |                                                                 |     | Signature |  | Date | 10-19-87 | Name (Typed or Printed) | C. L. Stevens | Title | Asst. Controller |  |  |            |  |  |  |  |            |  |  |  |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                    | Date  | 10-19-87                                                        |     |           |                                                                                    |      |          |                         |               |       |                  |  |  |            |  |  |  |  |            |  |  |  |  |
| Name (Typed or Printed)                                                                                                                                                                                                                                                                                                                                                               | C. L. Stevens                                                                                                                                                                                                                                                                                                                                                                                                                        | Title | Asst. Controller                                                |     |           |                                                                                    |      |          |                         |               |       |                  |  |  |            |  |  |  |  |            |  |  |  |  |

1 000007001 3 75.8

HJKCo ELECTRIC CORPORATION

OFFICERS

ELECTED OFFICE

|                  |                      |
|------------------|----------------------|
| R. D. Sahlberg   | President            |
| C. R. Fitzgerald | Vice President       |
| H. J. Hunsaker   | Secretary            |
| J. R. Meehan     | Treasurer            |
| J. A. Basteiro   | Controller           |
| B. E. Allen      | Assistant Secretary  |
| Paul E. Levy     | Assistant Treasurer  |
| C. L. Stevens    | Assistant Controller |

DIRECTORS

R. D. Sahlberg  
C. R. Fitzgerald

1-1-87

The mailing address for the above individuals is: 1800 Harrison St.  
P. O. Box 23210  
Oakland, CA 94623