No. C 124590	Due no later than June 30, 2005 Annual Report Form 1. Mailing Address - Correct in this box, if applicable CERTIFIED WELDING AND FABRICATION, DELORE LAPOINTE PO BOX 2611 OROFINO, ID 83544		Registered Agent and Office NO PO BOX DELORE LAPOINTE 1265 LOWER WELLS BENCH RD OROFINO, ID 83544 3. New Registered Agent Signature	
Return to: SECRETARY OF STATE				
NO FILING FEE IF RECEIVED BY DUE DATE				
4. Corporations: Enter Nar	mes and Business Addresses of Presider	nt, Secretary	y and Directors.	
Office held Name	Street or P.C. Address	City	<u>State</u>	<u>Zip</u>
Dresident before Lo	Ponte P.o Bux 2611	Orogino		83544
1100		_		
Vice President Morthy	LaPorte P.O. Box 2611	oration	र्रेट	8 3544
Office held Name President before Low Uice President Morily Seel Treas		Oretho	5 6	8 33 44
5. Organized Under the Laws of:	6. Signature Delore	Sals	Siele Date	5-15-05
	6. (F) /	Sals.	Suste Date	,

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