Return To  Secretary of State Room 203, Statehouse Boise, ID 83720  ** FIRST NOTICE * NO FEE REQUIRED  Name  Name  President:  Due No Later Than November 1,1992    Mading Actives Plans Correct II Not Correct   Mading Actives Plans Correct II Not Correct   ST. MARIES ID 8386  3. Incorporated Under The Laws of No: 81644    No FEE REQUIRED   No: 81644    Name   Street or P.O. Address   City   State   Zip	One was a second of the second	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A.P.O. BOX		
Room 203, Statehouse Boise, ID 83720  # FIRST NOTICE * NO FEE REQUIRED  Name  Name  Street or P.O. Address  City  State  State  Zip  President:  Than, Ta Lyons  1117 Main AVENUE  ST. MARIES  ID 8386  3. Incorporated Under The Laws of  NO: 81644  No: 816	Return To	Due No Later Than November 1,1992				
* FIRST NOTICE * NO FEE REQUIRED ST. MARIES ID 83861 0000 NO: 81644  Names and Addresses of Officers and Directors  Name Street or P.O. Address  President: Junnita Lyons 1117 mainst. St. Maries Id 83.  Secretary: Name NEFF 201 Todd Ave. Symmiss Id 83.	Room 203, Statehouse Boise, ID 83720	GRANNY S PANTRY I Juanita Lyons		ST. MARIES I		83861
NO FEE REQUIRED SJ. MARIES ID 83861 0000 NO: 81644  Names and Addresses of Officers and Directors  Name Street or P.O. Address  City State Zip  President: Junuita Lyons  Secretary: Ray NEFF  Out Todd Ave: Gymanies TJ 83				3. Incorporated Under The of	Laws	**************************************
Name Street or P.O. Address  City State Zip  President: Juanita Lyons Secretary: Ray NEFF  Out todd Ave. Symmies II 83		SJ. MARIES	ID 83861 0000	NO: 81644		
President: Juanita Lyons 1117 mainst. St. maries Id. 83. Secretary: Ray NEFF Dul todd Ave. St. maries II 83.	Names and Addresses of Officers	and Directors				
President: Juanita Lyons Secretary: Ray NEFF  Directors:  1117 mainst. St. maries Id. 83.  901 todd Ave. St. maries Id. 83.						
Secretary: Ray NEFF Directors:	President: Junuita	Lyons	1117 mainst.	ST. Maries	Id	83861
	Secretary: Nay Ma	; FF°	Jul todd AUE.	St. Maries	Tel.	<b>ፄ</b> 386 j
Nature of Business  8. I certify that this Annual Report has been examined by me and is to the best of my knowled true, correct and complete.  Signature Name (Typed or Name) Title Pres. Owner.						