		INSTR	UCTIONS ON REVERSE SIDE	ነ ተርድክርር እኔ ነውን።	* 	· ·
			oration Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX		
Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NC FEE REQUIRED MO		Due No Later Than November 1, 1 Mailing Address: Appending to the Address of the		FRANK T. ELAM 203 EAST, LAKE	STREE	T, SUITE
		SNOWDON WILDLIFE SANCTUARY, INDOUG HOLDEN BOX 1731		3. Incorporated Under The Laws		*3638
		MCCALL	ID 83638	of ID NO: 92164		
4. Names and A	Addresses of Officer	s and Directors	MUST BE PRINTED O	H TYPEO		(************************************
	•	Name	Street or P.O. Address	<u>City</u>	State	Zip
President: Secretary: Directors:	Linda Holde Hazel R. De		Box 1731 1545 Avon Circle	McCall Rochester Hil	Id ls Mi	83 638 483 09
Douglas Holden Linda Holden Jay DeBulis Hazel DeBulis Mady Sohmidt Jason Holden			Box 1731 Box 1731 1545 Avon Circle 1545 Avon Circle 2201 W. Boise Ave. 44506 McKengie Hwy	McCall McCall Rochester Hills Rochester Hills Boise, Id. Leeburg, Org.	Id Id Mi Mi	83638 85638 48309 48309 83706 97489
5. Nature of Bus	iness Rehabilitati	true, co	that this Annual Report has been example that the complete.	nined by me and is to the be	st of my k	nowledge