No.	c101385			al Report Form ter Than November 30.	1996	2. Registe	ered Agent a	and Office NO	T A P.O. BOX	
700 V PO 8	to: RETARY OF STATE WEST JEFFERSON IOX 83720 IE. ID 83720-0080	SUPP	1. Mailing Address - Please Correct, If Not Correct SUPPLEMENTAL STAFFING, INC., ROBERT MANLEY			ROBERT MANLEY HER 62 BOX 10 MOYIE SPRING ID 83845				
	FEE REQUIRED		HCR 62 BOX 10			Organized Under the Laws of:				
			MOYIE SPRINGS ID 83845			To		C101385		
Limited Liability Companies: Enter Names and Addresses of 🔲 Managers or 🕒 Members (check one)										
Off	ice held	Name	. Str	eet or P.O. Address		<u>City</u>	£ -	State	<u>Zip</u>	
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5-	Direct	n .	· · · · · · · · · · · · · · · · · · ·	eet or P.O. Address (+ C. R. G.Z. Boxic		w	ti	N	41	
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1 1 1	ITURE OF 31	ISINESS Jonan Agence	knowle Signatu	that this Asynual Reporting true correct and correct a	omplete.	<u>l</u>	Date	7-16 CS.	-96	
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