| | INST | RUCTIONS ON REVERSE SIDE | **** | | • | |
|---|---------------------------------|--|-----------------------------------|----------------------|----------------|--|
| o. 95213 Idaho Corporati | | poration Annual Report Form | 2. Registered Agent a | nc Office NO | OT A P.O. BOX | |
| Return To | Due No Late | Due No Later Than November 1,1991 1 Mailing Address - Please Correct If Not Correct | | JOYCE H LYNN | | |
| Secretary of State Room 203, Statehouse Boise, ID 83720 | 1 Mailing Address | | | 890 LINDSAY (REEK RD | | |
| | L C TOURS | | LEWISTON | ID | 83501 | |
| | | WANTER BANTER | 3. Incorporated Under The Laws of | | | |
| AC FEE REQUIRE | D LEWISTON | ID 83501 | NO: 095213 | | | |
| . Names and Addresses of | Officers and Directors | } | | | | |
| | Name | Street or P.O. Address | City | State | <u>Zip</u> | |
| President: Secretary: Directors: | Joyce H Lynn Marguerite J Mo | P O Box 1455 otley NW 218 Sunrise | Lewiston Dr Pullman | Id Wa | 83501 99163 | |
| Nature of Business Charter Bus | true, c | by that this Annual Report has been exampled and complete. | nmined by me and is to the | ebest of my I | knowledge | |