NO FEE REQUIRED * FIRST NOTICE *		1. Mailing Addr METROPO R. M. 1 BOX 469		2. Registered Agent an R M MACPH 413 CEDAR AALLACE 3. Organized Under th	STREE ID	T
				rs (check one)		
Office held	<u>Name</u>		Street or P.O. Address	<u>City</u> -	<u>State</u>	<u>Zip</u>
President	Wray Featherstone		10281 Gibson Road	Hayden Lake	ID	83835
Secretary	R. M. MacPhee		Box 252	Kellogg	ID	83837
Director	Wray Featherstone R. M. MacPhee Dale Lavigne		10281 Gibson Road	Hayden Lake	ID	83835
Director			Box 252	Kellogg	ID	83837
Director			Box A	Osburn	ID	83849
Director H. James Magnuson			Box 2288	Coeur d'Alene	ID	83814
	F BUSINES	S	I certify that this Annual Report has been knowledge true, correct and complete Signature Name (Typed or R. M. MacPhee)	Date		94
ISSUED: 37-06-1995		995		23796		
\$.	*:	•	÷			