	Annual Report Form Due No Later Than November 30 2. Registered Agent and Office NOT A P.O. BO
Return to: SECRETARY OF STATE 700 WEST JEFFERSON	1. Mailing Address - Please Correct, If Not Correct
PO BOX 83720 BOISE, ID 83720-0080	WEST SHORE SPORTS PLANES, L. VEST MAGIC RESERVOIR SHOSHONE ID 183353
NO FEE REQUIRED	O MILE COTTONWOOD ROAD
** FINAL NOTICE **	WEST MAGIC RESERVOIR SHUSHONE TO K3350
4. Corporations: Enter Names and	Rusings Add
	er Names and Addresses of Amanagers or Members (check one)
Office held Name	Street or P.O. Address
manager Don	James BH207 Shockow X 8330
" Trage:	Shierman (1) 03552
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SIGNATURE OF CURRE	
SIGNATURE OF CURRE	ENT RA Signature Signature Date 11-12-57
	Signature Date 11-12-57 Name (Typed or Printed) Name (Typed or Printed) Title (Kurran)
SIGNATURE OF CURRE	Signature Jan Janes Date 11-12-57 Name (Typed or Printed) Jan J. Farnes Title Querer
SIGNATURE OF CURRE	Signature Date 11-12-57 Name (Typed or Printed) Name (Typed or Printed) Title (Kurran)
SIGNATURE OF CURRE	Signature Jan Janes Date 11-12-57 Name (Typed or Printed) Jan J. Farnes Title Querer