

No. C103797

Annual Report Form 1996
Due No Later Than November 30,

1926

2. Registered Agent and Office **NOT A P.O. BOX**

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080
NO FEE REQUIRED
★ FIRST NOTICE ★

NO FEE REQUIRED

1. Mailing Address - Please Correct, If Not Correct

SHADOW BASIN OUTFITTERS, INC
TROY N GINN
P O BOX 493

HAMILTON MT 59840

SHADOW BASIN OUTFITTERS, INC
TROY N GINN
P O BOX 493

RORY R JONES
~~215 N WASHINGTON ST~~
 871 W. MAIN ST., SE 700
 BOISE ID 83736
 83701

~~215 WASHINGTON ST~~
871 W. MAIN ST., SE 700

BOISE

ID

8373
8370

3. Organized Under the Laws of:

IN C103797

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C103797

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of ☐ **Managers** or ☐ **Members** (check one)

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRESIDENT	TROY GINN	Box 493	HAMILTON	MT	59840
SECRETARY	LORI GINN	Box 493	HAMILTON	MT	59840

Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)

Office held

Name _____

Street or P.O. Address

City -

State

Zin

PRESIDENT

TROY GINN

Box 493

HAMILTON

NT

59840

SECRETARY

LORI GINN

Box 493

HAMILTON

MT

59840

5. NATURE OF BUSINESS
GUIDING & OUTFITTING

GUIDING & OUTFITTING

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature

Date: _____

7-15-96

Name _____

(Typed or
Printed)

LORI J. GINN

Title

SECRETARY

ISSUED: 07-06-1996

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