| No. C 64048 | Due no later than Jun 30, 20 | 2. Registered Agent and Office | ce NO PO BOX |
|--|---|--|--------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | Annual Report Form 1. Mailing Address - Correct in this box. if appl MOUNTAIN VIEW TITLE, INC. GABRIEL J RECLA BOX 167 IDAHO CITY, ID 83631 | GABRIEL J RECLA 235 MAIN ST IDAHO CITY, ID 83631 3. New Registered Agent Signature 4. New Registered Agent Signature 4. New Registered Agent Signature 4. New Registered Agent Signature 5. New Registered Agent Signature 6. New Registered Agent Signature 7. New Registered Agent Signature 8. New Registered Agent Signature 9. New Registered Agent Signature | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | 1 O | |
| Corporations: Enter Na | mes and Business Addresses of Presiden | t, Secretary and Directors. | |
| Office held Name | Street or P.O. Address | <u>City</u> <u>State</u> | <u>Zip</u> |
| Pres. Gabriel Sec. Barbara | J. Recla 3675 W. LaMont Rd. Recla | Meridian ID 83 | 3642 |
| | | | |
| 5. Organized Under the Laws of: IDAHO C 64048 | 6. Signature Solve J. Name (Typed or Labor) | Redo Date 4/9 | 2/63 |