FILED/EFFECTIVE REINSTATEMENT

lo. C 47547	Annual Report Form 2. Registered Agent and Offi		d Agent and Office	NOT A P.O. BOX
BOISE, ID 83 PROPEROUP IDAP FEE DUE \$30.00 ACTION TAKEN 12/01/199 . Corporations: Enter Names and	1. Mailing Address - Correct in this box, if applicable 9	EMMETT 3. New reg	TOOMBS, SLOPE RD ID sistered agent sig	83617
Office held Name	Street or P.O. Address	City	<u>State</u>	Zio
res. Enoch L	ee 118 E.SOUTH SLOPE RD.	EMMETT	IDAHO	83617
.P. DOLORES	TOOMBS 110 E.SOUTH SLOPE RD.	H	**	•
ECT/TRES JOE TOO	MBS 110 E. SOUTH SLOPE RD.	**		•
IR. # G.BRUTS	MAM 1868 W.SOUTH SLOPE RD.	92 c =		W
IR. KEITH D	RAPER 220 W. SOUTH SLOPE RD.	er er	н	Ħ
IR. JACK DA	KE 1990 W. SOUTH SLOPE RD.	Ħ	=	**
Occasional under the laws of	16. A	$ \eta$		
. Organized under the laws of:	Signature John	///	Date <u>3-7</u>	,
ID C 47547	Name (Typed or Dos W. Term!	35 /3K.	Title <i>S∈e.//</i>	Tocas

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