

# Annual Report Form

Due No Later Than November 30,

1997

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

MICHAEL SLOUGH  
1937 BIRCH AVE

LEWISTON ID 83501

3. Organized Under the Laws of:

ID C110160

Return to:  
SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

NO FEE REQUIRED

**\*\* FINAL NOTICE \*\***

1. Mailing Address - Please Correct, If Not Correct

INLAND MANAGEMENT & ASSESME  
MICHAEL SLOUGH  
PO BOX 1039

LEWISTON

ID 83501

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

Office held

Name

Street or P.O. Address

City

State

Zip

**PRESIDENT**

MICHAEL D. SLOUGH

P.O. Box 1746

LEWISTON

ID

83501

**SECRETARY**

ASENATH I. KEMP

1336 HEMLOCK

LEWISTON

ID

83501

5.

6.

Signature

*Michael D. Slough*

Date 11/6/97

Name (Typed or Printed)

MICHAEL D. SLOUGH

Title **PRESIDENT**

ISSUED: 10-04-1997

↓ DO NOT TAPE OR STAPLE ↓

4136