

No. C104547	<b>Annual Report Form</b> 1995 Due No Later Than November 30,		2. Registered Agent and Office <b>NOT A P.O. BOX</b>													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct  S.L.F., INC. CARROL LEE LAWHORN PO BOX 1025  FRUITLAND ID 83619 1025		CARROL LEE LAWHORN 5905 HWY 95  FRUITLAND ID 83619  3. Organized Under the Laws of:  ID C104547													
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)  <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>CARROL LEE LAWHORN</td> <td>P.O. Box 1025</td> <td>FRUITLAND</td> <td>ID</td> <td>83619-1025</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	CARROL LEE LAWHORN	P.O. Box 1025	FRUITLAND	ID	83619-1025
Office held	Name	Street or P.O. Address	City	State	Zip											
President	CARROL LEE LAWHORN	P.O. Box 1025	FRUITLAND	ID	83619-1025											
5. NATURE OF BUSINESS  BUSINESS PERSONNEL SERVICES		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 <u>CARROL LEE LAWHORN</u> Date <u>9-27-96</u> Name (Typed or Printed) <u>CARROL LEE LAWHORN</u> Title <u>PRESIDENT</u>														

ISSUED: 07-06-1995

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