14	•	INSTRUC	TIONS ON REVERSE SIDE .	TCCUEN. 07	-03-4002
No. 73797		Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX	
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE *		Mailing Address	han November 1, 1007 TRATIVE SERVICES, IN	MARVIN MONTOYA 5440 FRANKLIN STE 205 BOISE ID 89705	
		MARVIN MONTOYA PO BOX 45073		3. Incorporated Under	
NO FEE REQUI	IRED	BOISE	ID 83711	NO: 73797	
4. Names and Addresse	es of Officers a	nd Directors	MUST BE PRINTED C	R TYPED	
		Name	Street or P.O. Address	<u>City</u>	State Zip
President: Secretary: Directors:		Montoya . Schiess	5440 Franklin STE 2 1046 Greenwood Circ		ID 83705 ID 83706
5. Nature of Business			nat this Annual Report has been exa	mined by me and is to the	best of my knowledge
Insurance Admi	nistrator	Signature Name (Typed o Name Anned)	Wagne D. Schie	Date 7 Title Se	//2/93 ecretary