Return To  Secretary of State Room 203, Statehouse Boles ID 83720  Due No Later Than November 1,1991  1. Mailing Address - Please Correct II Not Correct ARC BUSINESS EQUIPMENT, INC RONALD J. FRANK	74114	INSTRUCTIONS ON REVERSE SIDE  Idaho Corporation Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX
Secretary of State Robin 203, Statehouse Bolse, ID 83720  ARC BUSINESS EQUIPMENT, INC RONALD J. FRANK 2 MCKINLEY AVENUE  STREET REQUIRED  KELLOGG ID 83837  NO: 074114  Ames and Addresses of Officers and Directors  Name Street or P.O. Address PO BOX 310  PINEHURST I 3. Incorporated Under The Laws of NO: 074114  State  PO BOX 310  PINEHURST I City State Of ID 83837  NO: 074114  State Orders:  PO BOX 310  PINEHURST I City State Of ID 83837  NO: 074114  State Orders:  PO BOX 310  PINEHURST I City Of ID 83837  NO: 074114  State Orders:  PO BOX 310  PINEHURST I City Of ID 83837  NO: 074114  State Orders:  PO BOX 310  PINEHURST I City Of ID 83837  NO: 074114  State Orders:  PO BOX 310  PINEHURST I City Of ID 83837  NO: 074114  State Orders:  PO BOX 310	Return To Secretary of State Roam 203, Statehouse	Due No Later Than November 1, 1991	· · · · · · · · · · · · · · · · · · ·
Rolling 203, Statehouse Bolse, D 83720  ABC BUSINESS EQUIPMENT, INC RONALD J. FRANK 2 MCKINLEY AVENUE  O FEE REQUIRED  KELLOGG ID 83837  NO: 074114  mes and Addresses of Officers and Directors  Name Street or P.O. Address FRANK FRANK FRANK FRANK FRANK FRANK 3. Incorporated Under The Laws of No: 074114  The state of P.O. Address FRANK			
2 MCKINLEY AVENUE  3. Incorporated Under The Laws of Street or P.O. Address  Street or P.O. Address  Street or P.O. Address  Street or P.O. Address  Pinchast  State  Officers and Directors  Name  Name  Frank  130x 3/0  Pinchast  State  Officers  State  Officers  State  Officers  State  Officers		RONALD J. FRANK	PINEHURST ID 83 850
nes and Addresses of Officers and Directors  Name Street or P.O. Address  retary: ctors:    City   State   Sta			3. Incorporated Under The Laws of
sident: Ronald T Frank 130x 3/0 Pinch state or P.O. Address retary: octors:    City   State	FEE REQUIRED	KELLOGG ID 83837	NO: 074114
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Since I are true, correct and egmplete.			
Signature DNAID FRANK Date 7/15 Name (Typed or Title	_	6. I certify that this Annual Report has been exa	amined by me and is to the best of my knowledge