No. 10.5. 16211	Annual Report Form The state of the state o		Registered Agent and Office NO PO BOX WILLIAM ANDERSON	
Return to:				
SECRETARY OF STATE				N 285 FREDERICK ST STE B
700 WEST JEFFERSON	MOCONVERMO BRADOR SINOBREDINA	ORKS, L.	4887 E Ro	yal Drive
PO BOX 83720		_	POST FALLS, ID	
BOISE, ID 83720-0080	<u>₩2#54₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩</u>	7 5	•	
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RECEIVED BY DUE DATE				
4. Limited Lincillity Compa	rines Enter Minmes and Addresses of Mi	ant.gers.		
Office held Name	Street or P.O. Address	City	State	<u>Zip</u>
President William	4887 E Royal Dr	Pbst 1	Falls 10	83 <i>8</i> 24
5. Organized Under the Laws of:	6. Signature	Dand	USPALE 3	-15-03
i (Director) And a section of the		\ \ \ \ \ \	N.	Ö
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