

No. C 95375	Annual Report Form Due No Later Than November 30, 1999		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct		CHERYL L. FULLILOVE 4380 BEACON LIGHT RD																			
	CNR INC. CHERYL L. FULLILOVE 4380 BEACON LIGHT RD EAGLE ID 83616		EAGLE ID 83616 3. Organized Under the Laws of: ID C 95375																			
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)																						
<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>Cheryl Fullilove</td> <td>4380 W. Beacon Light Rd</td> <td>Eagle</td> <td>ID</td> <td>83616</td> </tr> <tr> <td>V.P.</td> <td>Richard Fullilove</td> <td>4380 W. Beacon Light Rd</td> <td>Eagle</td> <td>ID</td> <td>83616</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	Cheryl Fullilove	4380 W. Beacon Light Rd	Eagle	ID	83616	V.P.	Richard Fullilove	4380 W. Beacon Light Rd	Eagle	ID	83616
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5. Signature of New Registered Agent		6. <table border="1"> <tr> <td>Signature</td> <td><i>Richard Fullilove</i></td> <td>Date</td> <td>9-13-99</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Richard Fullilove</td> <td>Title</td> <td>VP</td> </tr> </table>			Signature	<i>Richard Fullilove</i>	Date	9-13-99	Name (Typed or Printed)	Richard Fullilove	Title	VP										
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ISSUED: 07-03-1999

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