	INSTR	UCTIONS ON REVERSE SIDE	ISSUED: 10	0-04 - 199	To the second	
No. 61893	Idaho Corpo	ration Annual Report Form	2. Registered Agent and Office			
Return To		Due No Later Than November 1, 1. Mailing Address — Please Correct HOT SPRINGS VILLAGE CONDOMI DWAINE G. WELLARD P. O. BOX 156		GERRI WELLARD P. O. BOX 156 LAVA HOT SPRING ID 83246 3. Incorporated Under The Laws of ID		
Secretary of State Room 203, Statehou Boise, ID 83720	HOT SPRING DWAINE G.					
** FINAL NOTICE NO FEE REQUIRE	k*		NO: 061893			
4. Names and Addresses of	Officers and Directors					
	<u>Name</u>	Street or P.O. Address	<u>City</u>	State	<u>Zip</u>	
	G. WELLARD C.	O P. O. EOX 156	LAVA	ID	83246	
Directors: DAVID I		11	п	11	11	
VOLKER MAYNARI	HAGEN D MANGELSON	n n	11	11	11	
5. Nature of Business	6. I certify true, cor	that this Annual Report has been ex	amined by me and is to the	e best of my k	nowledge	
TimeShare Condon	ainiums & Signature	Elvaine DWell	Date Date	10-20-90)	
Rentals	Name (Typed	🤔 DWAINE G. WELLARD	Title Pi	resident		