




No. 88077	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 * NO FEE REQUIRED	Due No Later Than November 1, 1997		C. D. KRAMIS																									
	1. Mailing Address: LSLS, INC. C. D. KRAMIS 1217 NORTH 20TH BOISE ID 83702		1217 NORTH 20TH BOISE ID 83702 3. Incorporated Under The Laws of ID NO: 88077																									
4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED																												
<table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Todd J. Kramis</td> <td>P. O. Box 4053</td> <td>Boise</td> <td>ID</td> <td>83011</td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Todd J. Kramis	P. O. Box 4053	Boise	ID	83011	Secretary:						Directors:					
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Secretary:																												
Directors:																												
5. Nature of Business lawn sprinkler maint		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td></td> <td>10-12-93</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Title</td> </tr> <tr> <td>Todd Kramis</td> <td>pres</td> </tr> </table>			Signature	Date		10-12-93	Name (Typed or Printed)	Title	Todd Kramis	pres																
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