	083	Annual Report Form Due No Later Than November:	_{30.} 1996	2. Registered Age	ent and Office NO	T A P.O. BOX	
Return to: SECRETARY OF 5 700 WEST JEFFE	PSON	1. Mailing Audress - Please Correct, If Not Correct			GERALD PARKINS CPA 405 SOUTH WASHINGTON		
PO BOX 83720 BOISE, ID 83720-	0080 JO K	MAPTER OF GAMMA PH LEFFNER 	II BETA	MOSCOW	ID	83843	
NO FEE REQUIRED		11 VIRGINIA		3. Organized Under the Laws of:			
* FIRST NO				ID	C 1	1083	
4. Corporations: E Limited Liability	inter Names and Addresses Companies: Enter Names ar	of President, Secretary and Director Addresses of Managers or	ectors Members (check one)			
Office held	<u>Name</u>	Street or P.O. Address		<u>City</u>	<u>State</u>	<u>Zip</u>	
President	Sandra Cann	541 N. Blaine	N	OSCOW	ID	83843	
Treasurer	Jo Kleffner	1011 Virginia	N	OSCOW	ID	83843	
Coorotous	Managa Wasan Talan	430 277					
secretary	Mary kay Johns	on 410 NW Harrison	n I	PULLMAN	′ WA	99163	
secretary	mary kay Jonns	on 410 Nw Harrison	n E	PULLMAN	´ WA	9,9163	
5.	F BUSINESS	6. I certify that this Annual Repknowledge true, correct and Signature	port has been ex	camined by me		est of my	
5.	F BUSINESS	I certify that this Annual Rep knowledge true, correct and	port has been en complete.	camined by me	and is to the be	est of my	
5. NATURE OF SORORI1	F BUSINESS	I certify that this Annual Rep knowledge true, correct and Signature	port has been en complete.	camined by me Date Title	and is to the be $9-10-96$	est of my	
5. NATURE OF SORORI1	F BUSINESS TY	I certify that this Annual Rep knowledge true, correct and Signature	port has been en complete.	camined by me Date Title	and is to the be 9-10-96 Preside	est of my	
5. NATURE OF SORORI1	F BUSINESS TY	I certify that this Annual Rep knowledge true, correct and Signature	port has been en complete.	camined by me Date Title	and is to the be 9-10-96 Preside	est of my	