lo. " + + -)		ual Report Form 17 ater Than November 30,	2. Registered Agent	and Office NC	
Return to:	7.	Mailing Address - Pla	ease Correct, If Not Correct	277 N 6T	H ST	SUITE 2
SECRETARY OF STATE 700 WEST JEFFERSO	_		R GROUP LALACT CT	l l	·** *	כפקס
PO BOX 83720 BOISE, ID 83720-0080	,	WILLIAM P (BOISE	ID	83702
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* FIRST NOT!		301SE	ID 83702	10	d	440
Corporations: Enter Limited Liability Co	r Names and A mpanies: Enter	ddresses of Presider Names and Addresse	nt, Secretary and Directors es of Managers or Men	nbers (check one)	**	
Office held	Name	S	treet or P.O. Address	City-	<u>State</u>	<u>Zip</u>
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STEMATHOF	YE CHRREN	IT pg 6. certif	fy that this Annual Report has b	pen examined by me	and is to the	best of my
SIGNATURE :	OF CURREN		ly that this Annual Report has be edge true, correct and complete	€/I/.	and is to the	best of my
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