

No. C 98554	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		LONNIE SIMPSON 217 COLLEGE AVE, SUITE 2 OROFINO, ID 83544	
	ASCORP, INC. PO BOX 363 OROFINO ID 83544		3. Organized Under the Laws of ID C 98554	
	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)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u> <u>Zip</u>
PRESIDENT	LONNIE SIMPSON	P.O. BOX 1268	OROFINO,	IDAHO 83544
SECRETARY	SHANNON SIMPSON	P.O. BOX 1268	OROFINO,	IDAHO 83544
5. Signature of New Registered Agent		6.  Signature _____ Date <u>7/19/99</u> Name (Typed or Printed) <u>SHANNON D. SIMPSON</u> Title <u>Secretary</u>		

ISSUED: 07-03-1999

12850