| No. C 59745  | Annual Report Form 1999 2. Registered Agent and Office NOT A P.O. BOX |   |  |                                 |  |  |
|--|---|---|--|---------------------------------|--|--|
| Return to: SECRETARY OF STATE                              | 1 Mailing Address Please Cor  |   | PARKER SHEEHAN<br>9500 OVERLAND RD         |                                 |  |  |
| 700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 | IDAHO CHAPTER   |   | BUISE                                      | ID                              | 83709  |  |
| NO FEE REQUIRED  | 9500 OVERLAND RD  |   | 3. Organized Under                         | 3. Organized Under the Laws of: |  |  |
| * FIRST NOTICE *   | BOISE   | ID 83709  | ID   | C 5                             | 9745   |  |
|  | Business Addresses of Presidenter Names and Addresses of              |   | rs (check one)                             |                                 |  |  |
| Office held Name PRESIDENT DOUG V. PRESIDENT DAN           | McGREW 9500 0<br>RYAN 134 BE  | P.O. Address<br>OVERLAND RD<br>ENTLEY PL<br>OYERLAND RD | <u>cav</u><br>BOISE<br>POST FALLS<br>BOISE | State<br>ID<br>ID<br>ID         | <u>™</u><br>83709<br>83854<br>837 <b>0</b> 8 |  |
| SECTION THE  |   |   | <del>-</del>                               |                                 |  |  |
|  |   |   |  |                                 |  |  |
|  |   |   |  |                                 |  |  |
| 5. Signature of New Registered                             | i Agent 6.<br>Signature   | rter Hule   |  | AUG 10-                         |  |  |
| 5. Signature of New Registered                             | A Agont   | UKUR Sheika<br>PARKER J. SHEE                           |  | AUG 10-<br>EC   TRI             |  |  |
| 5. Signature of New Registered                             | Signature  Name (Typed or Printed)                                    | When Hecke<br>PARMER J. SHEE                            | HAN Title S                                |                                 |  |  |

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