| No. C 49554 | Annual Report Form 2. Registered Agent and Office NOT A P.O. BOX CARROLL C. CARLOCK | | | |
|--|---|---------------------------|----------------|------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 | C. CARLOCK LOGGING, INC. | P. O. BOX 60 | | |
| BOISE, ID 83720-0080 NO FEE REQUIRED | C. CARLOCK P. O. BOX 60 | OLA 3. Organized Under t | I D | 83657 |
| * FIRST NOTICE * | OLA ID 83657 | ID | C 49 | 554 |
| | Addresses of President, Secretary and Directors Names and Addresses of Managers or Members | (check one) | | |
| Office held Name | Street or P.O. Address | <u>City</u> - | <u>State</u> | <u>Zip</u> |
| President Carr | OILC. Carlock P.O. Box60 | Ola | <u> </u> | 83657 |
| lice President to | Lnet Carlock P.O. Boxbo | 019 | <i>IO</i> | 83657 |
| | ane Carlock P.O. Box 60 | 019 | ID. | 83657 |
| 5. NATURE OF BURINESS | 6. I certify that this Annual Report has been | examined by me an | d is to the be | st of my |
| NATURE OF BUSINESS | knowledge true correct and complete Signature | Date 4 | July I. | 7 |
| LOGGING | Name (Typed or Printed) | Title | | |
| ISSUED: 07+06-19 | 96 | 15 | 717 | |
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