		Annual Report Form  Due No Later Than November 30.	2. Registered A	gent and Office <b>N</b>	OT A P.O. BOX
Return to: SECRETARY OF STAT	L	Address - Please Correct, If Not Correct		MC. CLAIM 44 BOX 38	
700 WEST JEFFERSO PO BOX 83720 BOISE, ID 83720-0080	CLYD	CLYDE MCCLAIN, INC. CLYDE D. MC CLAIN, JR. ROUTE #4 ROX 762	BUHL	11	83316
NO FEE REQUIRED	, ,		3. Organized U	3. Organized Under the Laws of:	
* FIRST VOTE		10 53315	ID	c 4	41716
4. Corporations: Enter Limited Liability Con	Names and Addresses npanies: Enter Names a	s of <b>President, Secretary and Directors</b> and Addresses of <b>I Managers</b> or <b>I Membe</b> r	rs (check one)		
Office held	<u>Name</u>	Street or P.O. Address	City	<u>State</u>	<u>Zip</u>
President Sec. >S	Clydemecia hoean mecia	1854 & 4100 N	Buhl	エレ	83316
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5.	JSINESS	6. I certify that this Annual Report has been knowledge true, carrent and complete Signature  Name (Typed or Printed)	Date	8-11-	96
5. NATURE OF 3	JSINESS	6. I certify that this Annual Report has been knowledge true, carrest and complete Signature	Date	8-11-	96