• •		INSTRUC	TIONS ON REVERSE SIDE	1850501 075	'ti 1 = 1 y y	. 5	
			tion Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX			
Return To Secretary of State Room 203, Statehouse Boise, ID 83720		Due No Later Than November 1, 1993 1 Mailing Address: 16 10 10 10 10 10 10 10 10 10 10 10 10 10		JIM ANDERSON RT. 5, BOX 203			
				PRIEST LAKE ID 83856 3. Incorporated Under The Laws			
* FIRST NOTICE *							
'NO FEE RE		SPOKANE	WA 99205	NO: 95677			
4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED							
		Name	Street or P.O. Address	City	<u>State</u>	Zip	
President:	ROBERT O	. ANDERSON	1401 W NW BLVD	SPOKANE	WA	99205	
Secretary: Directors:	MARIANNE	J. ANDERSON	1401 W NW BLVD	SPOKANE	WA	99205	
5. Nature of Busines	38	6. I certify th	at this Annual Report has been exa	mined by me and is to the b	est of my i	cnowledge	
SPECIALTY FOODS		true, corre	true, correct and complete.				
		Name (Typed or Printed)		decson Title		retary	