λω,	ర్ కెడ్/చర	Annual Report Form Due No Later Than November 30,	1 y ? > 2. Registered A	gent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON		1. Mailing Address - Please Correct, If Not Correct CITY TRANSFER, INC.		ST SCHILLER RD
ВО	BOX 83720 ISE, ID 83720-0080	LARRY SAWYER P. O. BOX 247	EMMETT	ID 83617
	O FEE REQUIRED		3. Organized U	nder the Laws of:
	FIRST NOTICE *	EMMETT ID 836	· · ·	c 32786
Limited Liability Companies: Enter Names and Addresses of D Managers or Members (check one)				
<u>0</u>	ffice held Name	Street or P.O. Address	City	<u>State</u> <u>Zip</u>
P	RESIDENT LARRY	D. SAWYER 1120 S. PLAZA	EMMETT	ID 83617
S		ED A. SAWYER 1120 S. PLAZA		ID 83617
D		D. SAWYER 1120 S. PLAZA		ID 83617
D		ED A. SAWYER 1120 S. PLAZA		ID 83617
. Sig	nature of New Registered	Agent 6.	<i>0</i>	
	, and a second	Signature Jarry	Sawyer Date	7-17-98
		Name (Typed or LARRY D. S	Title	PRESIDENT
	- ISSUED: 07-03-1	998	APLE).	14191
				and the same of th