No. c10000	9	Annual Report Form Due No Later Than November 30. 1996		2. Registered Agent and Office NOT A P.O. BOX		
Return to: SECRETARY OF STA	11E	Mailing Address - Please Correct, If Not Correct		TRACEY SU		DR. MICH
700 WEST JEFFERS PO BOX 83720	ON LE	LEADERSHIP EDUCATION ADVENTU TRACEY SUTTON / DR. MICHA P O 30X 1484		1620 WRENCO		
BOISE, ID 83720-008				SANDPOINT	ΙD	83864
NO FEE REQUIRE	D P			3. Organized Under the Laws of:		
* FIRST NOT			33864	<u> </u>	C100	เกาจ
 Corporations: Ente Limited Liability Co 	er Names and Addres Impanies: Enter Name	sses of President, Secretary an es and Addresses of ☐ Manage	d Directors rs or	(check one)	****	
Office held	<u>Name</u>	Street or P.O. Addi	ress	City	<u>State</u>	<u>Zip</u>
	racey Sutton	1620 Wrenco Ht	s. Sandpour	it, Idaho 83	864	
Director P	SSwan	500 Red Clover C	•			ŀ
Director M	ichael Swider	sa 1620 Wrenco	Hs Sandr	mint Idaha	829/1	ļ ·.
Bd Member:	Vine 1 sivel	123 S. Line		n i i i i i i i i i i i i i i i i i i i	05864 2	
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150 Wember	1 Jebble 31a	llcup N. 314 Th	va Di			İ
5.		6. I certify that this Annu	al Report has been e	examined by me and	is to the bes	st of my
NATURE OF	BUSINESS	knowledge true, correct		D-4- 04	10 E 1	aa1.
YOUTH NE	VELOPMENT		0	Date <u>(</u>	0 1	776
TOOTH DE	VELOPMENT	Name (Typed of \\)	y Sutton	Title	xec. Di	<u>. </u>
ISSUED:	07-06-1996		!	284	175	
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