

No. <b>C 75837</b>	<b>Annual Report Form</b> 1995 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct		GREG EDSON 160 2ND ST W  TWIN FALLS      ID    83301																			
	REGION IV CHAPTER OF THE IDA GREG EDSON 160 2ND ST WEST  TWIN FALLS      ID 83301		3. Organized Under the Laws of:  ID      C 75837																			
* FIRST NOTICE *      TWIN FALLS      ID 83301																						
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)																						
<table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Greg Edson</td> <td>160 2nd St W</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Sec.</td> <td>Olin Gardner</td> <td>563 Trotter Dr.</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Greg Edson	160 2nd St W	Twin Falls	ID	83301	Sec.	Olin Gardner	563 Trotter Dr.	Twin Falls	ID	83301
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5. NATURE OF BUSINESS  BUSINESS TRADE ASSOC.		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Greg Edson</u> Date <u>7/12/96</u> Name (Typed or Printed) <u>Greg Edson</u> Title <u>Pres.</u>																				

ISSUED: 07-06-1995

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