| Return to: SECRETARY OF STATE 700 WEST JEFFERSON 1. Mailing Address - Please Correct, If Not Correct OMNI STUDIO, INC. | No. C 6>171 | | al Report Form 193 | E. Hogiotores / tgont u | nd Office NOT A P.O. BOX | |
|--|--|---|---|-------------------------|---|--|
| PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED ** FINAL NOTICE ** BOISE ID 33702 4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one) Office held Name Street or P.O. Address PRES / Secr. Glad L. Choat 3835 Scenic DR. Poise Id 83703 Will Pres/Trias Karin R. Choat Samu 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge troe, correct and carried to the best of my knowledge troe, correct and carried to the best of my knowledge troe, correct and carried to the best of my knowledge troe, correct and carried to the best of my knowledge troe, correct and carried to the best of my knowledge troe, correct and carried to the best of my knowledge troe, correct and carried to the best of my knowledge troe, correct and carried to the best of my knowledge troe, correct and carried to the best of my knowledge troe, correct and carried to the best of my knowledge troe, correct and carried to the best of my knowledge troe, correct and carried to the best of my knowledge troe, correct and carried to the best of my knowledge troe, correct and carried to the best of my knowledge troe, correct and carried to the best of my knowledge troe. Signature Date 14.50 A. | SECRETARY OF STATE | - | | | • | |
| NO FEE REQUIRED ** FINAL NOTICE ** BOISE ID 33702 ID C 65171 4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one) Office held Name Street or P.O. Address PRES / Sect. Gleat Choat 3835 Service DR. Boise Id 83703 Will Pres/Treas Karun R. Choat Same 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and cartural etc. GRAPHIC DESIGN 3. Organized Under the Laws of: 10 C 65171 3. Organized Under the Laws of: 10 C 65171 3. Organized Under the Laws of: 10 C 65171 3. Organized Under the Laws of: 10 C 65171 3. Organized Under the Laws of: 10 C 65171 4. Corporations: Enter Names and Addresses of President, Secretary and Directors City State Zip Boise Java Same 5. NATURE OF BUSINESS 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and cartural etc. Signature Date 10 - 14-96 | PO BOX 83720 | GERALD L. CHOAT | | POISE | ID 83702 | |
| 4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one) Office held Name Street or P.O. Address PRES / Slex. Glead L. Choat 3835 Selvic DR. Poise ld 83703 Will Pres/Trus Karm & Choat Same 6. I certify that this Annuel Report has been examined by me and is to the best of my knowledge trus, correct and complete. Signature Date 10-14-96 | NO FEE REQUIRED | | * · • · · · · · · · · · · · · · · · · · | | 3. Organized Under the Laws of: | |
| Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one) Office held Name Street or P.O. Address PRES/SICK. Glead L. Choat 3835 Schric DR. Roise Id 83703 Vice Pres/Treas Karen A. Choat Same 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true correct and compilete. GRAPHIC DESIGN 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true correct and compilete. Signature Date 10-14-96 | ** FINAL NOTICE ** | BOISE | ID 83702 | 10 | C 65171 | |
| 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 Date 10-14-96 | Corporations: Enter Names an Limited Liability Companies: Er | d Addresses of President ter Names and Addresses | , Secretary and Directors of Managers or Member | ers (check one) | | |
| 5. NATURE OF BUSINESS 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 Date O-14-96 | Office held Name PRES./SLCX: Geral | ld b. Choat | eet or P.O. Address 3835 Scenic Di | e. Bose | State Zip Id 83703 | |
| 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true correct and c | Vice Pres/TREAS. Kai | en A. Choat | Same | | | |
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| ISSUED: 10-05-1996 5095 | GRAPHIC DESIGN | | -10-4 A / | 71 - | Viae Pros. | |
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