No. *	, o <sub>3</sub>		Report Form Than November 30,		gent and Office <b>NO</b> OPHER JM	<u>OT A P.O. BOX`</u> IOORE
Return to: SECRETARY OF STATE 700 WEST JEFFERSON		1. Mailing Address - Please CREASON / MOD	1219 I	1219 IDAHO ST		
PO BOX 83720 BOISE, ID 83720-0	080	CHRISTOPHER PO DRAWER 33		LEWIST	ON ID	83501
NO FEE REQUI				3. Organized U	nder the Laws of:	
* FIRST NO	TICE *	LEWISTON	ID 83501	10	W	769
Corporations: E Limited Liability	nter Names and Companies: Ente	Addresses of <b>President</b> , ser Names and Addresses of		lembers (check one)		
Office held	<u>Name</u>	Street	t or P.O. Address	City	State	<u>Zip</u>
	Dave E. I	Ookken				
SIGNATURE		knowledge	at this Annual Report has true, correct and compl	ete.	7/2/	•
SIGNATURE Jus for		NT RA 6. I certify th knowledge Signature	true, cornect and comple	ete. Vorus Date	7/2/	best of my
SIGNATURE June Jone		NT RA 6. I certify th knowledge Signature	e true, compet and compil	ete. Vorus Date	7/30/1	•
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