No. c 64160	A STATE OF THE STA	Annual Report Form Due No Later Than November 30,	1996	2. Registered Agent a	nd Office NOT A P.O. BOX
Return to: SECRETARY OF STATE	1. Mailing A	Address - Please Correct, If Not Correct	ct	JAMES M. 4929 INDU	THORPE Strial avenue
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	JAMES	O, INC. S.M. THORPE		COEUR D'A	LEN ID 83814
NO FEE REQUIRED	4929	4929 INDUSTRIAL AVE, BOX 2167		3. Organized Under the Laws of:	
* FIRST NOTICE		DALENE ID 8381		ID	C 64160
 Corporations: Enter Na Limited Liability Compa 	ames and Addresses anies: Enter Names an	of President, Secretary and Direct d Addresses of Managers or	ors ⊒ Members	(check one)	
Office held	<u>Name</u>	Street or P.O. Address		<u>City</u>	State Zip
President Jame Vice-Pres. Ruth SecTreas. Bre	es M. Thorpe n J. Thorpe enda K. Thor	4010 Appaloosa Ro 3910 Buckskin RD 4010 Appaloosa Ro pe 3910 Buckskin Ro 6. I certify that this Annual Reporknowledge true, correct and co	t has been e	r d'Alene, r d'Alene, r d'Alene,	ID 83814 ID 83814 ID 83814
	CONTRACTOR	•		Date 9	
ISSUED: 37-		Name (Typed or Brenda K.		e Title Se	ecTreas.