




## INSTRUCTIONS ON REVERSE SIDE

ISSUED 07-01-1993

No. 81036	<b>Idaho Corporation Annual Report Form</b>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>																									
Return To <b>Secretary of State          Room 203, Statehouse          Boise, ID 83720</b>  <b>* FIRST NOTICE *</b> <b>NO FEE REQUIRED</b>	Due No Later Than November 1, 1993		<b>ANNE MARIE ROGERS</b> <b>525 EAST 42ND STREET</b>  <b>BOISE ID 83714</b>																									
	1 Mailing Address <i>Please Enclose If Not Current</i>  <b>ALLIED ENVELOPE COMPANY, INC.</b> <b>ANNE MARIE ROGERS</b> <b>525 EAST 42ND STREET</b>  <b>BOISE ID 83714</b>																											
	3. Incorporated Under The Laws of ID NO: 81036																											
<b>4. Names and Addresses of Officers and Directors</b> <b>MUST BE PRINTED OR TYPED</b>																												
<table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Anne M. Rogers</td> <td>525 East 42nd St.</td> <td>Boise</td> <td>ID</td> <td>83714</td> </tr> <tr> <td>Secretary:</td> <td>Mickey R. Rogers</td> <td>525 East 42nd St.</td> <td>Boise</td> <td>ID</td> <td>83714</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Anne M. Rogers	525 East 42nd St.	Boise	ID	83714	Secretary:	Mickey R. Rogers	525 East 42nd St.	Boise	ID	83714	Directors:					
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5. Nature of Business  Printing		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  <table border="0"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>7-22-93</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Anne M. Rogers</td> <td>Title</td> <td>President</td> </tr> </table>			Signature		Date	7-22-93	Name (Typed or Printed)	Anne M. Rogers	Title	President																
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