

98404

| No. | Idaho Corporation Annual Report Form | | 2. Registered Agent and Office NOT A P.O. BOX | | | | | | | | | | | | | | | | | |
|--|--|--|---|-------|-------|------|------------------------|------|-------|-----|------------|----------------|------------------|-------|-----|-------|------------|----------------|------------|---------------|
| Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED | Due No Later Than November 1, 1992 | | DOUGLAS CRAVEN 7428 SNOHOMISH | | | | | | | | | | | | | | | | | |
| | 1. Mailing Address: Please Correct If Not Correct | | BOISE ID 83709 | | | | | | | | | | | | | | | | | |
| | IDAHO PAINTBALL ASSOCIATION, IN DOUGLAS CRAVEN 7428 SNOHOMISH BOISE ID 83709 0000 | | 3. Incorporated Under The Laws of NO: 98404 | | | | | | | | | | | | | | | | | |
| 4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>DOUGLAS CRAVEN</td> <td rowspan="3">} 7428 SNOHOMISH</td> <td rowspan="3">BOISE</td> <td rowspan="3">ID.</td> <td rowspan="3">83709</td> </tr> <tr> <td>Secretary:</td> <td>DOUGLAS CRAVEN</td> </tr> <tr> <td>Directors:</td> <td>CHERYL CRAVEN</td> </tr> </tbody> </table> | | | | | | Name | Street or P.O. Address | City | State | Zip | President: | DOUGLAS CRAVEN | } 7428 SNOHOMISH | BOISE | ID. | 83709 | Secretary: | DOUGLAS CRAVEN | Directors: | CHERYL CRAVEN |
| | Name | Street or P.O. Address | City | State | Zip | | | | | | | | | | | | | | | |
| President: | DOUGLAS CRAVEN | } 7428 SNOHOMISH | BOISE | ID. | 83709 | | | | | | | | | | | | | | | |
| Secretary: | DOUGLAS CRAVEN | | | | | | | | | | | | | | | | | | | |
| Directors: | CHERYL CRAVEN | | | | | | | | | | | | | | | | | | | |
| 5. Nature of Business PROMOTION OF THE SPORT OF PAINTBALL. | | 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>Douglas Craven</u> Date <u>7-8-92</u> Name (Typed or Printed) <u>DOUGLAS CRAVEN</u> Title <u>INITIAL DIRECTOR</u> | | | | | | | | | | | | | | | | | | |