· · · · · · · · · · · · · · · · · · ·	INSTRU	JCTIONS ON REVERSE SIDE		7-4-4-4	3	
No. 35084	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	Due No Later Than November 1,		LYLE L. SAL	-		
	1 Mading Address + Physical Course Clif Mot Correct		2339 SOUTH	CRCHARD.	, STE. 19	
	RESIDENTIA	L PROPERTY MANAGEMENT	POISE	ID	83705	
* FIRST NOTICE *	2339 SOUTH ORCHARD, STE. 100		3. Incorporated Under The Laws of ID			
NO FEE REQUIRED	BOISE	ID 63705	NO: 85084			
4. Names and Addresses of Officer	s and Directors	MUST BE PRINTED O	R TYPED			
	<u>Name</u>	Street or P.O. Address	City	State	Zip	
	L.SALL. N WATSON	2399 S. ORCHARD, #100 2399 S. ORCHARD, #100	Barse Barse	IDA46 IDA60	83705	
		Port 5. Victory, 47 106	Consc	AN MU	85765	
			· f			
5. Nature of Business	6.1 certify	that this Annual Report has been exam	nined by me and is to th	ne heet of my	knowledge	
Domonda, IAO - 1	true, coi	true, correct and complete.		1 /		
PROPERTY MANAGEMENT		Lylexall	Date	1/9/93		
	Name Name	O INLE L.SALL	Title	MESODENT .		