53766	INSTRUCTIONS	ON REVERSE SIDE	ISSUED JULY 1,		
No.	Idaho Corporation A	nnual Report Form	2. Registered Agent and C	Office	
Return To	Due No Later Than Nov		161 MAIN STREET		
Secretary of State Room 203, Statehouse	1. Mailing Address — Please Co CLEARWATER PUBLISH CLO ANN MCNALLRECE	ING COMPANY) I	OROFINO	I	D 835
SEC. OF STATE	P. 0. BOX 71 SEC. OF	STATE	3. Incorporated Under The	e Laws	
<sup>N</sup> 89 <sup>F</sup> JUL 15° HRE'9	ROFINO 89 JUL 20	AM 80 4383544	Or ***	NO:	53766
4. Names and Addresses of Officers		. ,	· · · · · · · · · · · · · · · · · · ·		
	<u>Name</u>	Street or P.O. Address	City	State	<u>Zip</u>
President: Cloann McN Secretary: Marcie Sto		P. O. Box 71	Orofino Orofino	ĪD	83541
Directors:	an Con	P. O. Box 2564	OROFINO	ID	835
					•
·~		•			
5. Nature of Business	6. I certify that this A true, correct and c	Annual Report has been exar complete.	mined by me and is to the b	est of my kn	owledge
		<u> </u>	Date	7-10-8	9
newspaper	Signature (*) (Typed or Printed)	ann Mc Mall	Date	10 =	<u>/                                     </u>