VA 30 5	INSTRUC	TIONS ON REVERSE SIDE	135480: 10-	**************************************		
No. 51370		Idaho Corporation Annual Report Form Due No Later Than November 1,1993		2. Registered Agent and Office NOT A P.O. BOX STEVEN R. HAMMAN 2410 PIONEER RIDGE DR		
Return To						
Secretary of State Room 203, Statehouse Boise, ID 83720 ** FINAL NOTICE ** NO FEE REQUIRED	VOCABILITY, STEVEN P. HA P. O. BOX 77	MMAN	POST FALLS 3. Incorporated Under T	ID 83	83854	
	POST FALLS	ID 83854 0772	of ID NO: 81370	:		
. Names and Addresses of	Officers and Directors	MUST BE PRINTED (OR TYPED			
	<u>Name</u>	Street or P.O. Address	City	<u>State Zi</u>	D	
President: Secretary: Directors:	Steven R. Hamman Christine F. Hamman	P.O. Box 772 P.O. Box 772	Post Falls Post Falls	ID 838 ID 838	354 354	
Nature of Business	6. I certify that	t this Annual Report has been exan	mined by me and in to the h			
Vocational Rehabil	itation true, correct	Aristini 7. Hamme			oge	
	Name (Typed or Printed)	Christine F. Hamman	Date /U.	-11-93		