

No. <b>C112447</b>	<b>Annual Report Form</b> Due No Later Than November 30, <b>1999</b>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>  <b>A JOHN BROOKHART</b> <b>3768 E 107 N</b>  <b>UCON</b> ID <b>83454</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct. If Not Correct  <b>JOHN BROOKHART CPA PA</b> <b>A JOHN BROOKHART</b> <b>3768 E 107 N</b>		3. Organized Under the Laws of:  <b>ID</b> <b>C112447</b>	
<b>** FINAL NOTICE **</b>				
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u> <u>Zip</u>
President	A John Brookhart	10679 N 38 E	Idaho Falls	ID 83401
Secretary	Leola K Brookhart	10679 N 38 E	Idaho Falls	ID 83401
5. <u>New</u> Registered Agent Signature		6. Signature <u>Leola K Brookhart</u> Date <u>10-26-1999</u> Name (Typed or Printed) <u>Leola K Brookhart</u> Title <u>Secretary</u>		

ISSUED: 10-01-1999

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