

No. C 95559	Annual Report Form <i>Due No Later Than November 30,</i>		1997	2. Registered Agent and Office NOT A P O BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address Please Correct If Not Correct		JOHN S. JENSEN PT. 3 BOX 6584 223 WILLOW COURT TWIN FALLS ID 83301																			
	B.F.S., INCORPORATED JOHN S. JENSEN RT. 3 BOX 6584 3223 WILLOW COURT TWIN FALLS ID 83301		3. Organized Under the Laws of ID C 95559																			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Office held</th> <th style="text-align: left; width: 25%;">Name</th> <th style="text-align: left; width: 40%;">Street or P.O. Address</th> <th style="text-align: left; width: 10%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td><i>Pres</i></td> <td><i>John Jensen</i></td> <td><i>3223 Willows Ct.,</i></td> <td><i>Twin Falls,</i></td> <td><i>Id.</i></td> <td><i>83401</i></td> </tr> <tr> <td><i>Sec-Treas.</i></td> <td><i>Anna Lee Jensen</i></td> <td><i>"</i></td> <td><i>"</i></td> <td><i>"</i></td> <td><i>"</i></td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	<i>Pres</i>	<i>John Jensen</i>	<i>3223 Willows Ct.,</i>	<i>Twin Falls,</i>	<i>Id.</i>	<i>83401</i>	<i>Sec-Treas.</i>	<i>Anna Lee Jensen</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>
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5.		6.																				
		Signature <u><i>John Jensen</i></u> Date <u><i>7/18/97</i></u> Name (Typed or Printed) <u><i>John Jensen</i></u> Title <u><i>Pres.</i></u>																				

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

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