at on the or my or		TIONS ON REVERSE SIDE	ISSUED: 07-05-		
		ation Annual Report Form	2. Registered Agent and Office NICT A FO BCX		
Return To		Due No Later Than November 1, 994  1. Mailing Address — Presse Correct If Not Correct  J.E. REED & ASSOCIATES, INC.,  JAMES E. REED  1424 E 17TH ST  IDAHO FALLS ID 83404		1424 E 17TH ST  IDAHO FALLS ID 83404  3. Incorporated Under The Laws of ID NO: 100930	
Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE *	J.E. REED & JAMES E. REE 1424 E 17TH				
Names and Addresses of Offi	icers and Directors	MUST BE PRINTED O	H. TYPED	I I	
	Name	Street or P.O. Address	<u>City</u>	State Zip	
	AMES E. REED CYNTHIA GONZALES	1424 E. 17TH ST. 1424 E. 17TH ST.	IDAHO FALLS, ID 8		
			*		
. Nature of Business	6. I certify th true, corre	nat this Annual Report has been exect and complete.		1	
ARBITRATION/MEDIATION Signature Name (Types)		JAMES E. REED	Date 7/19/94		
		JAMES E. *KEEU /	Title PRESID	)ENT	

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