NO. 0 55244  Return to:	Annual Report Form  Due No Later Than November 30,	2. Registered Age	ent and Office NOT A P.O. BOX
SECRETARY OF STATE 700 WEST JEFFERSON	1. Mailing Address - Please Correct, If Not Correct	SHARON	
PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	EAGLE DISASTER FUND ASSOCIAT SHARON WILSON P. 0. BOX 1105	FAGLE	ID 83616
* FIRST NOTICE +	54010	3. Organized Und	er the Laws of:
Corporations: Enter Names and	Business Addresses of President, Secretary and Directors	10	C 55244
Office held Name	Street or P.O. Address	(check one)	
HARMAN SHAD	2/ = // A A A	City	State Zip
ICE CHAIRMAN I	SHARF Y.D. BOX	FACIE	TO A Way To a series
DESCUTA	DAN FRIEND P.D. BAY		IDAHO 83616
S	HARON WILSON BYOS MODN V.	ENGLE,	IDAHO 83616
	BYOS MODN V	ALLEY	18/11
			BELE, ID BELLE
	6.		
	f		
	Signature 5/10/18/8.	Date _	9-3-97
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TSSUED - 07-04	Name (Typed or 5/14/0/ F. // ///	501 Title Z	REASURER
ISSUED: 07-04-19	Name Printed or SHAROW E. WILL	SON Title Z	REASURER 3446
ISSUED: 07-04-19	Name Printed or SHAROW E. WILL	SON Title Z	REASURER