No. c 938	341	Du		leport Form han November	_{30,} 1996	2. Registered A	gent and Office N	OT A P.O. BOX
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 837, 7-0080 NO FEE REQUIRED * FIRST NOTICE * 4. Corporations: Enter Names and		1. Mailing Address - Please Correct, If Not Correct VALED N.W. / INC. DON E. #ALTER 2133 GLENGARY BAY ROAD SAGLE Addresses of President, Secretary and Directors or Names and Addresses of Managers or Members			DONEE WALTER 2133 GLEN GARY BAY RD SAGLE ID 83860 3. Organized Under the Laws of:			
Office held PLES. UJ	Name	WALTER E GRIGGS	Street o	ir P.O. Address 6 Lew Ghidy . Box 147		City PLLB OGREY	State TD TO	<u>Zip</u> 63860 83852
NATURE OF	BUSINES	s	I certify that knowledge t Signature _	this Annual Repairue, correct and	port has been of complete.	examined by n	0	· •
	FACILIT		Name (Typed of Printed):	Don 1	. walte	Title		
ISSUED:	37-06-1	995		dia			27729	
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