| No.  Return To  Secretary of State Room 203, Statehouse Boise, 1D 83720  * FIRST NOTICE * NO FEE REQUIRED  A. Names and Addresses of Officers and Directors  Name  Street or PO. Address  Name  Street or PO. Address  City  State  Paul State  Cornect  Jan 10 83404  10  | 30618                                   | INSTRUCTION  | ONS ON REVERSE SIDE PLEAS       | E TYPE OR PRINT                                      |                                       |
|--|---|--|---------------------------------|--|---------------------------------------|
| Return To  Secretary of State Room 203, Statehouse Boise, ID 83720  * FIRST NOTICE * NO FEE REQUIRED  A. Names and Addresses of Officers and Directors  Name  Street or P.O. Address  Scretary: Fulle ann falls  1437 Three Tountains Daily State Secretary: Fulle ann falls  1437 Three Tountains Daily State  287 Cardelia * 490 Themarkal Drive  15. Nature of Business  Street or Business  6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  15. Nature of Business  16. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  28. Secretary: Directors: Paulic Secretary: Paulic Correct and Complete.  3. Incorporated Under The Laws of Daily State S | No.                                     | Due No Later Than November 1,1992  1. Mailing Addition. Please Correct, If Not Correct  PAULL INVESTMENTS, INC.  GERALDINE PAULL |                                 | 2. Registered Agent and Office NOT A P.O. BOX        |                                       |
| Secretary of State Room 203, Statehouse Boise, 1D 83720  * FIRST NOTICE * NO FEE REQUIRED  IDAHO FALLS  IDAHO |   |  |                                 | 1  |                                       |
| * FIRST NOTICE *  NO FEE REQUIRED IDAHO FALLS ID 83404 0000 NO: 30618  4. Names and Addresses of Officers and Directors  Name Street or P.O. Address City State Zip  President: Heraldine Paule 287 Cardelia #9 Lack Lake City Ittah 84  Directors: W. Jac anderson 490 Memarial Drine Laborable 44  5. Nature of Business  6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  Signature Legaldine Paule Date July 13-1992   | Room 203, Statehouse<br>Boise, ID 83720 |  |                                 | IDAHO FALLS ID 83404  3. Incorporated Under The Laws |                                       |
| 4. Names and Addresses of Officers and Directors  Name  Street or P.O. Address  City  State  Zip  President: Heraldine Paull  Secretary: Julie ann Jaule  287 Cardelia #9 Lack Lake City Ittah 84  Hype anderson  490 Memarial Drine Landstalls &  Landstalls  |   |  |                                 |  |                                       |
| President: Geraldine Paull (43) Three tountains Idah talls, Idak 34 Secretary: Julie ann Faull 287 Cardelin #9 Lach Lake City Ittah 84 W. Joe anderson 490 Memorial Drine Idah talk talk  5. Nature of Business 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  Signature Secretary: Paull Date July 13-1992  |   | IDAHO FALLS  | ID 83404 0000                   | NO: 30618  |                                       |
| President: Geraldine Paull (43) Three tountains Idahotalls, Idah 34 Secretary: Julie ann Paull 287 Cardelia #9 Lach Lake City Ittah 84 W. Joe anderson 490 Memorial Drine Idahotallo &  5. Nature of Business  6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  Signature Sepaldine Paull Date July 13-1992  | 4. Names and Addresses of Officer       | s and Directors  |                                 |  | · · · · · · · · · · · · · · · · · · · |
| 5. Nature of Business  6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  Signature Meraldine Paulo Date July 13-1992  |   |  |                                 |  |                                       |
| 5. Nature of Business  6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  Signature Meraldine Paul Date July 13-1992   | Directors: W. Jae a                     | nderson  | 490 Memare                      | el Drine of  | City Ittah 8411<br>danstalls ela      |
| 5. Nature of Business  6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  Signature Separation Paul Date July 13-1992  |   |  |                                 |  |                                       |
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| Tental Francistics Signature Geraldine Paul Date July 13-1992  | 5 Nature of Pupiness                    |  | thic Annual Report has been eve | umined by me and le to the b                         | act of my knowledge                   |
| Name Annual Geraldine Paul Title President   |   | true, correct  | and complete.  1 eral Aline Fo  | well pate Jul  | · · · · · · · · · · · · · · ·         |
|  |   | Name (rypes or (   | zeraldine Pau                   | () Title 0 P   | resident                              |