No. C 38814	Annual Report Form  Due No Later Than November 30,	2. Registered Age	ent and Office NOT	A P.O. BOX
Return to: SECRETARY OF STATE	1. Mailing Address - Please Correct, If Not Correct		TZGERALD	
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	SLEEP-N-AIRE MATTRESS, INC. J DALE DAWRON 10535 NE SANDY BLVD	HOPE	TD 10	83826
		3. Organized Under the Laws of:		
* FIRST NOTICE *	PORTLAND OR 97223	OR	C 38	814
4. Corporations: Enter Names and Limited Liability Companies: Ente	Addresses of <b>President, Secretary and Directors</b> or Names and Addresses of <b>Managers</b> or <b>Members</b>	(check one)		
Office held Name	Street or P.O. Address	_ City	State	Zip
President J.Du	llo Damun 10505NESandy	Part	OR	a Tax
	_ A . I	0.	0 (2)	1 ~00
Sections Caro	e Damion Dami Blud'			
#C . CC .	TO THE			
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5.				
NATURE OF BUSINESS	<ol> <li>I certify that this Annual Report has been e knowledge true, correct and complete.</li> </ol>	xamined by me	and is to the bes	t of my
	Signature Cause Camun	Date	7-12-9	ا ما
RETAIL SALES - 8	Name (Typed of CAROL DAMRO	-	9. 2	
	Printed)	Title .	Sec. D	many)
ISSUED: 37-06-19	107			