

No. 72764 Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991 1. Mailing Address: <i>Please Correct If Not Correct</i> LAND SURVEYS, INC., P.A. JON A. JACOBSON, JR. 9485 W. KATIE MOUNTAIN DR POCA TELLO ID 83204	2. Registered Agent and Office NOT A P.O. BOX JON A. JACOBSON, JR. 9485 W. KATIE MTN. DR. POCA TELLO ID 83204 3. Incorporated Under The Laws of ID NO: 072764																								
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td><i>Jon A Jacobson Jr</i></td> <td><i>9485 W. Katie Mtn Dr</i></td> <td><i>Pocatello</i></td> <td><i>ID</i></td> <td><i>83204</i></td> </tr> <tr> <td>Secretary:</td> <td><i>Grace C Jacobson</i></td> <td><i>"</i></td> <td><i>"</i></td> <td><i>"</i></td> <td><i>"</i></td> </tr> <tr> <td>Directors:</td> <td><i>Jon A Jacobson Jr</i></td> <td><i>"</i></td> <td><i>"</i></td> <td><i>"</i></td> <td><i>"</i></td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	<i>Jon A Jacobson Jr</i>	<i>9485 W. Katie Mtn Dr</i>	<i>Pocatello</i>	<i>ID</i>	<i>83204</i>	Secretary:	<i>Grace C Jacobson</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>	Directors:	<i>Jon A Jacobson Jr</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>
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5. Nature of Business <i>Land Surveying</i>	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="0"> <tr> <td>Signature <i>[Signature]</i></td> <td>Date <i>July 10, 1991</i></td> </tr> <tr> <td>Name (Typed or Printed) <i>Jon A Jacobson Jr</i></td> <td>Title <i>President</i></td> </tr> </table>		Signature <i>[Signature]</i>	Date <i>July 10, 1991</i>	Name (Typed or Printed) <i>Jon A Jacobson Jr</i>	Title <i>President</i>																				
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