	INSTRUCTIO	NS ON REVERSE SIDE	?ee ulin • 02	· - KML Been s	ე4.4 /*12:5 5**
No. 89935		n Annual Report Form	2. Registered Agent an	nd Office NO	TAPO BOX
Return To	Due No Later Than November 1, 1997. 1. Mailang Adultur 1, 1997 of Control of the Wall Control		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
Room 203, Statehouse Boise, ID 83720	BEST OF IDAHO PROTECTION PROTECTION P.O. BOX 54	INCORPORATED Steve Lentz	HAILEY TO R3333 3. Incorporated Under The Laws		
* FIRST NOTICE * NO FEE REQUIRED	SUN VALLEY	ID 83353	of ID NO: 89935		
Names and Addresses of Officer	s and Directors	MUST BE PRINTED	OR TYPED		
	Name	Street or P.O. Address	<u>City</u>	<u>State</u>	Zio
President: Steve I Secretary: Directors:	entz	P.O. Box 54	Sun Valley,	ID	83353
Nature of Business	6. I certify that the	nis Annual Report has been exa	amined by me an d is to the	best of my ki	nowledge
Outfitting	true, correct a	no complete.	Date 9	45-85	
	Name (7)ped or Printed	STEVE (ENTZ		73-73 835	