No. C 53953		Annual Report Form 193	9	2. Registered Agent and Office NOT A P.O. BOX	
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FEE REQUIRED		Mailing Address - Please Correct, If Not Correct		CAREN L. PORTER	
		4 WAYS TRAVEL SERVICE, INC. KAREN L. PORTER 160 SECOND ST. JEST TWIN FALLS ID 83331	THIN FALLS ID 83331		
			3. Organized Under the Laws of:		
			15	c 50958	
<ul> <li>Corporations: Enter Limited Liability Con</li> </ul>	Names and npanies: Ente	Addresses of President, Secretary and Directors or Names and Addresses of Managers or Memb	ers (check one)		
Office held	<u>Name</u>	Street or P.O. Address	City	State Zi	2
President Secretary Directors	Greg Robe		Twin Falls Twin Falls Twin Falls Twin Falls	ID 833 ID 833 ID 833 ID 833	)1 )1
NATURE OF BUSINESS Travel Agency ANY LAWFIL		6. I certify that this Applial Report has be- knowledge true, correct and complete. Signature  Name (Typed or Printed)  GREG EDSON	Date	phila	'y'
ISSUED: 37-05-1995		195		3368	
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