	c 43105	Annual Report Form Due No Later Than November 30, 1996	2. Registered Agent and Office NOT A P.O. BOX
BOISE, ID 83720 BOISE, ID 83720-0080 NO FEE REQUIRED P. 0. BOX 1108 SAGLE ID 83850 3. Organized Under the Laws of: ** FIRST NOTICE ** SANDPOINT ID 83856 Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one) Office held Name Street or P.O. Address City, State Zip Office held Name Street or P.O. Address City, State Zip Sandpaint To 83860 NATURE OF BUSINESS A L 30 W MAN SAGLE ID 83850 SAGLE ID 83850 Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one) Office held Name Street or P.O. Address City, State Zip Sandpaint To 83860 City, State Zip Sandpaint To 83860 Date Provided To Bobble NATURE OF BUSINESS Knowledge true, porrect and complete Signature Signature Typed or Karin Overback Title CPA ISSUED BUSINESS Title CPA		1. Mailing Address - Please Correct, If Not Correct	
* FIRST NOTICE * SANDPOINT ID 83854 ID CARTON Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one) Office held Name Street or P.O. Address President A.L. Bow man 1050 Blue Grouse Rd Sack ID 33860 Secretary T. Bowman 1404 Ceclar Sandpaint ID 83864 NATURE OF BUSINESS ALESING HOTEL & RESTAURANT Corporate and complete Signature Signature Signature Date Managers of Members (check one) Members (check one) City State Zip President A.L. Bow man 1050 Blue Grouse Rd Sack ID 33860 Secretary T. Bowman 1404 Ceclar Sandpaint ID 83864 NATURE OF BUSINESS City State Zip Provident Sandpaint ID 83866 Date Members (check one) Members (check one) City State Zip Provident Sack ID 648105 Date Members (check one) Members (check one) City State Zip Provident Sack ID 648105 Date Members (check one) Members (check one) City State Zip Provident Sack ID 648105 Date Members (check one) Members (check one) Members (check one) Members (check one) City State Zip Provident Sack ID 648105 Date Members (check one) Me	PO BOX 83720	A L BOWMAN	SAGLE ID 83850
Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one) Office held Name Street or P.O. Address City State Zio President A. L. Bow man 1050 Blue brouse Rd Sagk Ib 83860 Secretary T. Bowman 1404 Ceclar Sandpaint Ib 83864 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 Like Sing Hotel & Restaural Rame City State Zio	NO FEE REQUIRED	P. 0. 80X 1108	3. Organized Under the Laws of:
Office held President A.L. Bow man 1050 Blue Grouse had Sack ID \$3860 Secretary T. Bowman 1404 Ceclar Sandpaint ID 83864 NATURE OF BUSINESS LAESING HOTEL & RESTAURANTE Printed of Karin Overback Title CPA State Zip Provident A.L. Bow man 1050 Blue Grouse had Sack ID \$3860 Sandpaint ID \$3860 State Zip Provident A.L. Bow man 1050 Blue Grouse had Sack ID \$3860 Sandpaint ID \$3860 Sandpaint ID \$3864 Date \$460 Signature Grouse or Karin Overback Title CPA LISSUED: 27504-1004	. Corporations: Enter Names and	d Addresses of President, Secretary and Directors	
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 Signature Overbeck Title Title			•
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 Signature Title CPA ISSUED: 23-04-1004	President H.L. Socnetary T. 80n	yman 1060 plus brouse h	a sage ID 83860 sandraint ID 83864
NATURE OF BUSINESS Knowledge true, correct and complete Signature Signature Name (Typed or Karin Overback Title CPA) ISSUED: 23-04-1004	8	Kanken Ship	
NATURE OF BUSINESS Knowledge true, correct and complete Signature Signature Name (Typed or Karin Overback Title CPA) ISSUED: 23-04-1004			
NATURE OF BUSINESS Knowledge true, correct and complete Signature Signature Name (Typed or Karin Overback Title CPA) ISSUED: 23-04-1004			
LINESING HOTEL & RESTAURANTE (Typed or Karin Overback Title CPA			
TSSHED: 27-04-4004	NATURE OF BUSINES	S knowledge true, correct and complete,	
		Signature	Date _9/6/96
	S Latch DNIZEML	Signature Signature RESTAURANTE (Typed or Karin Overbu	Date <u>9/6/26</u> 2 CK Title <u>CPA</u>