

65430

No.	Idaho Corporation Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX														
<i>Return To</i>	Due No Later Than November 1, 1992	KATHERINE M. OLSEN COUNTY ROAD #2, MORAVIA														
Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address: Please Correct, If Not Correct	BONNERS FERRY ID 83805 3. Incorporated Under The Laws of NO: 65930														
	SELKIRK SHADOWS, INC. MERLE E. OLSEN ROUTE 4, BOX 606 BONNERS FERRY ID 83805 0000															
4. Names and Addresses of Officers and Directors																
President: Secretary: Directors:	<table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>MERLE OLSEN</td> <td>Rt 4 Box 606</td> <td>Bonnors Fy,</td> <td></td> <td>83805</td> </tr> <tr> <td>KATHERINE OLSEN</td> <td>" "</td> <td>" "</td> <td></td> <td>" "</td> </tr> </tbody> </table>	Name	Street or P.O. Address	City	State	Zip	MERLE OLSEN	Rt 4 Box 606	Bonnors Fy,		83805	KATHERINE OLSEN	" "	" "		" "
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MERLE OLSEN	Rt 4 Box 606	Bonnors Fy,		83805												
KATHERINE OLSEN	" "	" "		" "												
5. 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.															
FARMING	<table border="1"> <tr> <td>Signature</td> <td><i>Katherine M. Olsen</i></td> <td>Date</td> <td>7-9-92</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>KATHERINE OLSEN</td> <td>Title</td> <td>Sec.</td> </tr> </table>		Signature	<i>Katherine M. Olsen</i>	Date	7-9-92	Name (Typed or Printed)	KATHERINE OLSEN	Title	Sec.						
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