Return to:	Due No Later Than November 30,	1 y 9 y 2. Registered A	Agent and Office N	OT A P.O. BOX	
SECRETARY OF STATE	Mailing Address - Please Correct, If Not Correct				
700 WEST JEFFERSON PO BOX 83720	CATERCORCORE A CVA T	1375 V	1375 MORTH 600 LAST		
BOISE, ID 83720-0080 NO FEE REQUIRED	THEODORF 3. HARDLR 1375 N. SOU EAST	745112	Y I	37274	
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* FIRST NOTICE *	SHELLEY ID 5727	4	ς (<u> </u>	
Limited Liability Companies: Enter	Addresses of President, Secretary and Directors Names and Addresses of Managers or	s Members (check one)		· · · · · · · · · · · · · · · · · · ·	
Office held Name	Street or P.O. Address		_		
PRes Theodor	Re GHERLER 1375 N 400 E	City	<u>State</u>	<u>Zip</u>	
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NATURE OF BUSINESS	I certify that this Annual Report has knowledge true, correct and comp	as been examined by me	e and is to the b	est of my	
FARMING ANY LAWFIL		Date			
AND CAMPUL	Name (Typed or Alice H	Date	-3//3		
ISSUED: 37-36-199	o Printed)	Title		———)	
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