	Annual Report Form 1 + 7  Due No Later Than November 30,			OT A P.O. BOX	
Return to:			LLION		
SECRETARY OF STATE	1. Mailing Address - Please Correct, If Not Correct	242 N 8T	4 51 / 5	SUITE 200	
700 WEST JEFFERSON PO BOX 83720	MARK PARENT	BOISE	ID	. 07777	
BOISE, ID 83720-0080	901 N CURTIS, SUITE 304	30135	10	83702	
NO FEE REQUIRED	777 W 00W 107 001 12 3554	3 Organized Hedes	3. Organized Under the Laws of:		
* FIRST WOTICE *	30ISE ID 33705	I )	W	203	
Corporations: Enter Names an	d Addresses of President, Secretary and Directors	<u> </u>	**		
Limited Liability Companies: En		ers (check one)			
Office held Name	Street or P.O. Address  White GO(NONTH CURTS/RD)  PARENT "	City	State	Zip	
PARNOR STEVEN	Nriter GOINONTH CURTISIED	#304 BO.IE	TO	3 2706	
and mark	PARENT "	"		4	
PARINE	•	.,	,,	`	
SIGNATURE OF CURR	Signature Signature	en examined by me ar	nd is to the I	nest of my	
	knowledge true/ correct and complete.	Date _	nd is to the l	196	