

80540

No.	Idaho Corporation Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 1, 1992	ALOYS F. SCHLEKEWAY																									
	1. Mailing Address — Please Correct If Not Correct	2090 WEST PINE																									
	A.C. CONSTRUCTION, INC. ALOYS F. SCHLEKEWAY 2090 WEST PINE MERIDIAN ID 83642 0000	MERIDIAN ID 83642 3. Incorporated Under The Laws of ID NO: 80540																									
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Aloys F. Schlekeway</td> <td>2090 W. Pine</td> <td>Meridian</td> <td>ID</td> <td>83642</td> </tr> <tr> <td>Secretary:</td> <td>Patricia</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President:	Aloys F. Schlekeway	2090 W. Pine	Meridian	ID	83642	Secretary:	Patricia	"	"	"	"	Directors:					
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Secretary:	Patricia	"	"	"	"																						
Directors:																											
5. Nature of Business Construction	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td>Signature</td> <td>Patricia Schlekeway</td> <td>Date</td> <td>7/12/92</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Patricia Schlekeway</td> <td>Title</td> <td>Secretary</td> </tr> </table>			Signature	Patricia Schlekeway	Date	7/12/92	Name (Typed or Printed)	Patricia Schlekeway	Title	Secretary																
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