Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED NAMPA ID 83687 0000 NO: 76008 4. Names and Addresses of Officers and Directors **KRR L.** Name Street or PO. Address President: **X** **L MORGAN 18189 NORTHSIDE NAMPA ID 83687 0000 NO: 76008 **Street or PO. Address City State Zir President: **X** **L MORGAN 18189 NORTHSIDE NAMPA ID 83687 0000 NO: 76008 **Street or PO. Address City State Zir President: **X** **L MORGAN 18189 NORTHSIDE NAMPA ID 83687 0000 NO: 76008 **Street or PO. Address City State Zir President: **L'* **L MORGAN **INDICATOR: **INDICATOR: **NO FEE REQUIRED NAMPA ID 83687 0000 NO: 76008 **NO THE Laws of ID **NO FEE REQUIRED NAMPA ID 83687 0000 NO: 76008 **NO THE Laws OF ID **NO FEE REQUIRED NO: 76008 **NO THE Laws OF ID **NO FEE REQUIRED NO: 76008 **NO THE Laws OF ID **NO THE Laws OF ID **NO FEE REQUIRED NO: 76008 **NO FEE REQUIRED NO:	P.O. BO	<u>I A TC</u>	e NO		tered Agent		n		_		orporation		⊣	J8	7600 o.
Secretary of State Room 203, Statehouse Boise, ID 83720 KYREL L. MORGAN 18189 NORTHSIDE ** FIRST NOTICE * NO FEE REQUIRED NAMPA 1D 83687 0000 NO: 76008 No. 7600							No Later Than November 1,1992					Return To			
Room 203, Statehouse Boise, ID 83720 KYREL L. MORGAN 18189 NORTHSIDE * FIRST NOTICE * NO FEE REQUIRED NAMPA ID 83687 0000 NO: 76008 4. Names and Addresses of Officers and Directors ** KYREL L. Name ** Street or P.O. Address ** City State Zity President: X** L. MORGAN Street or P.O. Address Street or P.O. Address Secretary: Lila S. MORGAN Directors: Name				HSIDE	9 NORTH	1818	rect	idress - Please Correct, II Not Correct			ng Addr∙	1. Mading	Constant of State	Secret	
* FIRST NOTICE * NO FEE REQUIRED NAMPA ID 83687 0000 NO: 76008 4. Names and Addresses of Officers and Directors **KRRL L.** Name Street or PO. Address City State Zity President: ** No Rean Secretary: LiLA S. MORGAN Directors: 5. Nature of Business This Corp. If As Never Business This Corp. If As Never Signature August S	3687	83		3. Incorporated Under The Lav			L. MORGAN			EL L.	KYREI	Room 203, Statehouse			
President: K* L MORGAN Secretary: LiLA S. MORGAN Directors: Neture of Business This Corr. If As NETER Signature American Street or P.O. Address City State Zir Street or P.O. Address City State Zir NAMPA ID 83 Secretary: LiLA S. MORGAN """ B. I certify that this Annual Report has been examined by me and is to the best of my knowled true, correct and complete. Signature American Street or P.O. Address City State Zir NAMPA ID 83 Street or P.O. Address City State Zir NAMPA ID 83 Street or P.O. Address City State Zir NAMPA ID 83 Secretary: LiLA S. MORGAN """ Directors: NAMPA ID 83 Street or P.O. Address City State Zir """ Directors: NAMPA ID 83 """ Directors: NAMPA ID 83 Street or P.O. Address City State Zir """ Directors: Directors: NAMPA ID 83 """ Directors: NAMPA ID 83 """ Directors: Di							000	87	830		VK 1 10 4 V				
President: X ^A L MORGAN 18189 NORTH SIDE BLUD IVAMPA ID 83 Secretary: LiLA S. MORGAN Directors: Nature of Business This Corp. If As NEVER 18 ETWUSED Signature Si												ectors	ers and Direct	d Addresses of Office	Names and
President: K.** / MORGAN Secretary: Lila S. MORGAN Directors: Nature of Business This Corp. It as NEVER Signature Signature Si	Zip	2	tate	S	City			\ddres	or P.O.	Street	P.	me	<u>Name</u>	KYREL L.	
Secretary: LiLA S. MORGAN Directors: Nature of Business Nature of Business Nature of Business This Corp. It as NEVER Signature of and complete. Signature of Business The Corp. It as NEVER Signature of Business The Corp. It as Never and It as Neve	7/0	0	T ~	A AADA		NE B	Th 511	1/07	00	101				8/1 / 1/2	
Nature of Business This Corp. If As NEVER Signature Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature Annual Report has been examined by me and is to the best of my knowledge. Signature Annual Report has been examined by me and is to the best of my knowledge. Signature Annual Report has been examined by me and is to the best of my knowledge.	260	8	LD	17/17/	אלי כישרי		77 3 7 2	von	87	181			DKBAN	K L 190	
BEEN USED Signature My O. Margan Date 6-15-72	vledge			the best of	ne and is to	nined by m	en exam	t has	al Repo	nis Annua	ertify that the	6. I ce tru	VEVER	Business	Noture of P
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