o. c 98761	Annual Report Form Due No Later Than November 30, 193	6 2. Registered Ager	nt and Office NO	TAP.O. BOX
ETURN TO: SECRETARY OF STATENTEN	Vialing Address - Please Correct, If Not Correct	-	D KAMPS Th	J R
PO TON SEL OG TOC BOISE ID 83 190-0000	KAMPS/ INC. Joseph d Kamps Jr	POST FAL	LLS ID	83854
UNO MEE REQUIRED	w 204 7TH	3. Organized Unde	er the Laws of:	
MERTRAST, ONHOICE +	POST FALLS ID 83854	<u> </u>	<u> </u>	8761
S Comportations: Enter Names and A Limited Liability Companies: Enter	Addresses of <b>President, Secretary and Directors</b> Names and Addresses of <b>A Managers</b> or <b>A Membe</b>	rs (check one)		-
Office held Name	Street or P.O. Address	City	<u>State</u>	Zip
oresident Joe Kan	nps Jr. 402 Montgomery	Post falls	10	83854
				· · · ·
oresident Joe Kan Sccoolery Julie L	nps Jr. 402 Montgomen Kamps 402 Montgomen	Post falls	12	83854
NATURE OF BUSINESS	Kamps 402 Montgomen 6. I certify that this Annual Report has bee knowledge true, correct and complete. Signature		e Mi	1
	<ol> <li>I certify that this Annual Report has bee knowledge true, correct and complete.</li> </ol>	n examined by me Date	e Mi	1
NATURE OF BUSINESS	6. I certify that this Annual Report has bee knowledge true, correct and complete. Signature Name (Typed or Printed)	n examined by me Date _ Title _	e Mi	1