Due No Later Than November 1,1994 JEFFREY M. WILSON 420 W. WASHINGTON				ISSUED: 0	7-05-1994
Due No Later Than November 1,1994 JEFFREY M. WILSON 420 W. WASHINGTON	No. 94621	Idaho Corporat	ion Annual Report Form	2. Registered Agent	and Office
Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED 4. Names and Addresses of Officers and Directors Name Street or P.O. Address President: Debrha J. Carnahan Secretary: Jeffrey M. Wilson 5. Nature of Business Law office Law office 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and Demonstration of the policy of the polic	Secretary of State Room 203, Statehouse P.O. BOX 83720	Due No Later Than November 1,1994 1. Mailing Address — WILCARN, P.A. JEFFREY M. WILSON			
* FIRST NOTICE * NO FEE REQUIRED BOISE ID 83701 NO: 94621 4. Names and Addresses of Officers and Directors Name Street or P.O. Address City State Zip				BOISE ID 83702	
A Names and Addresses of Officers and Directors Name Street or P.O. Address City State Zip President: Debrha J. Carnahan Secretary: Jeffrey M. Wilson Directors: 6.1 certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete Signature Name (Typed or Name (Typed or Name)) Bate Date Date Date Title Date Title Title		PO 90X 1544			er ine Laws
Name Name Street or P.O. Address City State Zip	· ·	BOISE	ID 83701	1 1	
President: Debrha J. Carnahan 420 W. Washington Boise ID 83702 Secretary: Jeffrey M. Wilson 420 W. Washington Boise ID 83702 Directors: 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and omplete. Signature Signature Name (Typed of Name)	4. Names and Addresses of Officer	s and Directors	ENERGY ENTERINGED OF		
Secretary: Jeffrey M. Wilson 420 W. Washington Boise ID 83702 Directors: 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature Name (Typed or Parind)		<u>Name</u>	Street or P.O. Address	<u>City</u>	State Zip
6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature Name (Typed or Name)	Secretary: Jeffrey I	•			
Law office true, correct and somplete. Signature Date 2/14/94 Name (Typed or Name) (Typed or	Directors:				
Law office true, correct and somplete. Signature Name (Typed or Name) Name (Typed or Name) Title Sect.					
Law office true, correct and somplete. Signature Name (Typed or Name) Name (Typed or Name) Title Sect.					*•
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Signature Name (Typed or Printed) Signature Name (Typed or Printed) Title Sect.	<u> </u>	6. I certify that	t this Annual Report has been exam	nined by me and is to	the best of my knowledge
Name (Typed or Printed) () [] [] In how the Title See.	Law Office		Alach ~	/ Date	8/24/94
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