INSTRUCTIONS ON NEVERSE SIDE FEASE FIRE ON PRIME

No. Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE *		Idaho Corporation Annual Report Form Due No Later Than November 1,1992		2. Registered Agent and Office NOT A P.O. BO				
					GARY R. ARMACOST			
		1. Mailing Address - Please Correct, If Not Correct			HC 62, BOX 1415			
		HELL'S CANYON ADVENTURES, INC. GARY R. ARMACOST P. O. BOX 159		COUN	CIL	ID	83612	
				3. Incorporated Under The Laws of				
NO FEE REQU	-	OXBOW	OR 97840 0000	NO:	72658			
Names and Address	ses of Officer	s and Directors						
		Name	Street or P.O. Address		City	<u>State</u>	Zip	
	Gary R. Dixie Ta	Armacost aylor	P.O. Box 159 P.O. Box 159		Oxbow Oxbow,	OR OR	97840 97840	
Nature of Business		6. I certify	that this Aprual Report has been exa	aplined by	me and is to the	best of my	knowledge	
Outfitting,	Snake 1	River <b>Bignature</b>		la		ly 13,		
		Name (Type	🖉 Dixie Taylor 🖌 🌔		Title Se	cretar	v	

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