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Compensations: En Limite Liability C	ter Names and Addre companies: Enter Nam	esses of President, Sec nes and Addresses of	retary and Directors	embers (check one)	,	
Office held	<u>Name</u>	Street or	P.O. Address	City	State	<u>Zip</u>
Managing	Robert Turni	nseed 8191 Tz	och Haven Dr.	Hayden Lake	Ιđ	83835
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SIGNATURE	OF CURRENT	R 4 6. I certify that the	his Angual Report Iras	been examined by me	and is to the b	est of my
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