INSTRUCTIONS ON REVERSE SIDE

REPORT STATEN Secretary of State Room 203, Statehouse Boise, ID 83720	Corporation Annual Report Form	2. Registered Agent and Office
	Due No Later Than November 80, 1996	MARK D STUBBS 532 WASHINGTON ST N
	1. Mailing Address — Please Correct	
	GNAKE RIVER PIZZA, INC.	TWIN FALLS ID RESEXUEE 83301
ECOSETTED 13/1/05 55	TANI MARGER 16	3. Incorporated Under The Laws
FORFEITED 12/1/95 SE	CA927 9TH AVE NO	of
FEE DUE: \$20.00 if received by 11/30/9	THIR PALE ID 83301 5 CF IDAHO	Idaho #87391
4. Names and Addresses of Officers		
	Name Street or P.O. Address	City State Zip Two.nFalls Id. 83301
President:	Tamilodles 2007 9th LE.	Tw. nFalls Id. 83301
Secretary: —¬	Tam Walker 2007 9th ALE.	Two Fulls Id. 83301
Directors:	medical conter	•
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5. Nature of Business	I certify that this Annual Report has been exa true, correct and complete.	mined by me and is to the best of my knowledge
Pizza Delivery	Signature To Dually	Date 11 - 29 - 91
1 ca selevery	ame (Typed or Right)	Title President
	TOP R. VILLE	TION CO.