NO FEE REQUIRED  ** FINAL NOTICE ** SANDPOINT ID 87864 ID C195441  4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of   Managers or   Members (check one)  Office held   Name   Street or P.O. Address    Fresh Cent   Alan   Bell   Street or P.O. Address    Secretary   Sandpoint IN 83864  6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete    Name   Typee or   Name   Name    Name   Typee or   Name    Name   Typee or   Name    Name   Name   Name   Name   Name    Name   Name   Name   Name   Name    Name   Name   Name   Name   Name    Name   Name   Name   Name   Name    Name   Name   Name   Name   Name    Name   Name   Name   Name   Name    Name   Name   Name   Name    Name   Name   Name   Name   Name   Name    Name   Name   Name   Name   Name   Name   Name   Name    Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name    Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Nam	Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FEE REQUIRED  ** FINAL NOTICE **  Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Me  Office held  Name  President  Street or P.O. Address  Liaco Ponale: Fourth  Secretary  Alan Ball  1360 PONDER POINT DR  Street or P.O. Address  Liaco Ponale: Fourth  Secretary  Alan Ball  Street or P.O. Address  Liaco Ponale: Fourth  Signature Name Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name	
PO BOX 83720 BOISE, ID 83720-0080  NO FEE REQUIRED  ** FINAL NOTICE ** SANDPOINT ID 87864  Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of IManagers or IMembers (check one)  Office held  President ** Alan Ball  1360 PONDER POINT DR  3. Organized Under the Laws of:  ID C105441  Corporations: Enter Names and Addresses of IManagers or IMembers (check one)  Office held  Name  Report has been examined by me and is to the best of my knowledge true, correct and complete  Signature  Name  Na	PO BOX 83720 BOISE, ID 83720-0080  NO FEE REQUIRED  ** FINAL NOTICE ** SANDPOINT ID 87864  Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Me  Office held  Name  Street or P.O. Address  1360 Ponaler Point  Me  Office held  Name  Street or P.O. Address  1360 Ponaler Pount  Street or P.O. Address  1360 Ponaler Pount  Street or P.O. Address  Rowledge true, correct and comples signature  Name  Name	
* FINAL NOTICE ** SANDPOINT ID 87864 ID C105441  Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)  Office held  Name  Street or P.O. Address  City State Zip  136.0 Powder Paul Dr Sandpoint IV 83864  Corporations: Enter Names and Addresses of President, Secretary and Directors  Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)  Office held  Name  Street or P.O. Address  City State Zip  Control of Address  City State Zip  Report has been exemined by me and is to the best of my knowledge true, correct and completely  Signature  Name	NO FEE REQUIRED  ** FINAL NOTICE ** SANDPOINT ID 87864  Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Me  Office held  Name  Street or P.O. Address  1360 Panaler fourt  ECICLARY  6. I certify that this Annua Report has knowledge true, correct and comples signature  Name  Name  (Typed or Printed)	SANDPOINT ID 83864
Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)  Office held  Name  Street or P.O. Address  City  State  Zip  13CO Ponder Ponder President TV  83864  ecretary  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	Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Me  Office held  Name  Street or P.O. Address  L3CO Pander fourt  6. I certify that this Annual Report has knowledge true, correct and comples signature  Name  Name  (Typed or Printed)	,
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 Alan RALL Title	6. I certify that this Annual Report has knowledge true, correct and comples Signature  Name (Typed or Alan)	
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 Alan RALL Title	6. I certify that this Annual Report has knowledge true, correct and comple Signature  Name (Typed or Printed)	City State Zip
6. I certify that this Annual Report has been exemined by me and is to the best of my knowledge true, correct and complete  Signature  Name (Typed or Alan Rall Title	6. I certify that this Annual Report has knowledge true, correct and comple Signature  Name (Typed or Printed)	r Sandpoint IN 83864
Signature Date Name (Typed or Princed)  Name (Typed or Princed)	Signature  Name (Typed or AlA)	
Signature Date Name (Typed or Princed)  Name (Typed or Princed)	Signature  Name (Typed or AlA)	
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