43.	ur v	· 🍛 INSTRU	ICTIONS ON REVERSE SIDE	**************************************	-01=12	Q į
No. 51639		-	ration Annual Report Form	2. Registered Agent an	d Office Ni	OT A P.O. BOX
Return To Secretary of State Room 203, Statehouse Boise, ID 83720		Due No Later Than November 1,		ROBERT D. OLIVE 719 12TH STREET		
		P. 0. 80X 8		3. Incorporated Under The Laws		
		* FIRST N		KAMIAH	ID 83536	NO: 51639
4. Names and Add	resses of Officers a	ind Directors	MUST BE PRINTED	OR TYPED		
		Name	Street or P.O. Address	<u>City</u>	State	Zip
President: Secretary:	Robert L. Robert D.		1110 3Rd St.	Kami ah	ID	83536
Directors:	Bonnie J.		Rt. 2 Box 406 Rt. 2 Box 406	Kamiah Kamiah	ID ID	83536 83536
. Nature of Busine	988	6. I certify	that this Annual Report has been exa	minent by me and is to the	best of my	knowledge
Automotive	Parts Resal	true, con	rect and consplete.	01/10	-22-9 <u>3</u>	-
		Name (7) ped	" ROBERT D. OLIVE	Title SE	C. TREA	5.