	ł	ial Report Form hter Than November 30,	1975	2. Registered Agen	t and Office NC	T A P.O. BOX
Return to: SECRETARY OF STATE	1. Mailing Address - Pie	ase Correct, If Not Correct	t	FOA THE	TEVENSO)n mattes c _south
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	INCOME PROF	PERTY MANAGEME	NT.	ZOG E.	YATE	5
	-ELLEN STEVE			HAILEY.	ID	83333
NO FEE REQUIRED	P.O. BOX 15	i10 Linda S.	Yautes	3. Organized Under the Laws of:		
* FIRST NOTICE *	HAILEY	ID 8333	3	ID	C 6	52225
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	<u>St</u>	reet or P.O. Address		City	<u>State</u>	<u>Zip</u>
Owner/operator Lind	la S. Yates (PO BOX 1510 206 E. Croy)	He	ai leg	10	83333
		ess from Et				
S have shares	S 6. I certify	that this Annual Report dge true, correct and cor	has been e	xamined by me	and is to the l	best of my
	S 6. I certify knowle	that this Annual Report dge true, correct and cor	has been e		and is to the $7 - 18$	best of my
NATURE OF BUSINES:	S 6. I certify knowle Signatu Name	that this Annual Report dge true, correct and cor	has been e	xamined by me	and is to the $7 - 18$	best of my

WILLIAM GIVE