

No. 0112905

Annual Report Form

1996

Due No Later Than November 30,

2. Registered Agent and Office **NOT A P.O. BOX**

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

** FINAL NOTICE **

1. Mailing Address - Please Correct, If Not Correct

RMMS, INC.

WILLA J SULLIVAN
2119 HARRISON BLVD

BOISE

ID 83702

WILLA J SULLIVAN
2119 HARRISON BLVD

BOISE ID 83702

3. Organized Under the Laws of:

ID C112905

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 heldNameStreet or P.O. AddressCityStateZip

PRES. WILLA J SULLIVAN 2119 HARRISON BLVD BOISE ID 83702
SEC. MICHAEL J. OBER
PORTLAND OR

5. NATURE OF BUSINESS

INSURANCE AGENCY

ISSUED: 10-05-1996

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

Willa Sullivan

Date

11/1/96

Name (Typed or Printed)

Willa Sullivan

Title

Pres.

6432