	i	Report Form				OT A P.O. BO
Return to:		r Than November 30,		DWARD A		
SECRETARY OF STATE	1. Mailing Address - Please Correct, If Not Correct 319 WALNUT AVENUE					NUE
700 WEST JEFFERSON PO BOX 83720	RIVER RUN G		ŀ			
BOISE, ID 83720-0080	CLAUDIA V. 1		K	ETCHUM	I	D 8334
NO FEE REQUIRED	P. 0. 80X 12	293	3 00	ganized Under	tha Lawa of	
* FIRST NOTICE *	KETCHUM	ID 833	1	ID		78268
Corporations: Enter Names and Limited Liability Companies: Enter	Business Addresses of Pre er Names and Addresses of	sident, Secretary and I	Directors  1 Members (check	one)		
Office held Name	<u>Stree</u>	et or P.O. Address		City	State	<u>Zip</u>
PRESIDENT CLAUDIA	A LICAIN O.C	0.1253	KSTZH	um	D	83340
P.   SEC CORNEL	UBOOSH AL	i.	1,		14	4
Signature of New Registered	Agent 6. Signature	Clause V	1. Kez	Date	7-2r.	58
Signature of New Registered	Signature Name Print	ed or CLAMBIA V.	1. Klez HCLAIN	Title	Dres.	·58
Signature of New Registered	Signature Name Print		MCCAIN TAPLE	Title	7-28. Dres.	·58