10. C 969U	1 4		Report Form 19	2. Registered Agent a	and Office N	OT A P.O. BOX
Return to: SECRETARY OF S		Aailing Address - Please	Correct, If Not Correct	EDWARD MO 921 CHURO		JONES
700 WEST JEFFERS PO BOX 83720 BOISE, ID 83720-008	5 - 2	SUNSHINE BUI EDWARD MORRI 921 CHURCH		SANDPOINT		D 83864
NO FEE REQUIRE	. ====================================			Organized Under t	the Laws of	•
* FINAL NO		SANDPOINT	ID 83864	ID	c	96901
Corporations: Enter Limited Liability	Names and Ad opanies: Enter N	dresses of President, S ames and Addresses of	Secretary and Directors Managers or Memi	pers (check one)	***************************************	
Office held	<u>Name</u>	Street	or P.O. Address	City	State	<u> Zíp</u>
PRESIDENT	EDUSA	DM JONES	921 CHURCH	SAMPPOINT	10	83864
(ICL SIDE !!)						_
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Bererony	DIANE	JONES	ii	ıſ	#1	y
Scinerany	Dinne	50NES 6. I certify the knowledge	at this Annual Report has be true, correct and complete.	en examined by me an	d is to the	best of my
Eddi Jon	Diame - 12/4/	6. I certify the knowledge Signature	at this Annual Report has be true, correct and complete.	en examined by me an	d is to the	best of my
EDDIE JONE	Diame - 12/4/	6. I certify the knowledge Signature— Name (Typec Printer)	at this Annual Report has be true, correct and complete.	en examined by me an Date SHULL Title	d is to the	best of my
EDDIE JONE	Diame - 12/4/ 5 pres	6. I certify the knowledge Signature— Name (Typec Printer)	at this Annual Report has be true, correct and complete.	en examined by me an Date SHULL Title	d is to the	best of my
Seene Tong	Diame - 12/4/ 5 pres	6. I certify the knowledge Signature— Name (Typec Printer)	at this Annual Report has be true, correct and complete.	en examined by me an Date SHULL Title	d is to the	best of my