		l al Report Form 15 Inter Than November 30,	2. Registered Agent	and Office NOT A	
Return to: SECRETARY OF STATE		ase Correct, If Not Correct	980-B WE	-	v 5
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		POWER SERVICE, 1 BLEVINS Main	JEROME	ID	83338
NO FEE REQUIRED			3. Organized Under	the Laws of:	
** FINAL NOTICE **	JERCME	ID 83338	ID	C 933	375
. Corporations: Enter Names and	Addresses of Presiden	t, Secretary and Directors			
Limited Liability Companies: Ente	er Names and Addresses	sof 🖵 Managersor 🛛 🏾 Men	nbers (check one)		
Office held Name		reet or P.O. Address	<u>City</u>	State	Zip
Hesident Douglus	J Blevins 58	10-B Main Aue Wat	Jaone	Id.	83338
Secretary Alter	()re-	L L	<i>4</i> L	11	4
	, cent				
			,	· •	
				•	÷
				· •	
				1	
NATURE OF BUSINES	S 6. I certify knowle	r that this Annual Report has b	peer examined by me a	nd is to the best	t of my
NATURE OF BUSINES	S 6. I certify knowle Signatu	dge/true, correct and complete	peer extmined by me a	nd is to the best	í
NATURE OF BUSINES TRUCK REPAIR	s knowle Signatu		. Date _	_ I plista	í
TRUCK REPAIR	knowle Signatu Name (e.///	10/18/94 Par	Í
NATURE OF BUSINES	s knowle Signatu		. Date _	_ I plista	í
TRUCK REPAIR	knowle Signatu Name (. Date _	10/18/94 Par	í
TRUCK REPAIR	knowle Signatu Name (. Date _	10/18/94 Par	í
TRUCK REPAIR	knowle Signatu Name (. Date _	10/18/94 Par	í
TRUCK REPAIR	knowle Signatu Name (. Date _	10/18/94 Par	í