Return to:	Annual Report Form 19 Due No Later Than November 30,	98 2. Registered Ag	ent and Office N	OT A P.O. BOX
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720	1. Mailing Address - Please Correct, If Not Correct STE. DAVID, INC.		LEE POSE	
NO FEE REQUIRED	POBS	PAYETT		- 05001
* FIRST NOTICE * 4. Corporations: Enter Names and	PAYETTE ID 83661 Business Addresses of President, Secretary and Directors	3. Organized Un		89201
Office hald	ter Names and Addresses of Q Managers or Q Memb	s ers (check one)		
iddite.	Street or P.O. Address	<u>City</u>	<u>State</u>	Zip
President DA	POSEY POB 5	PAYETTE	TD	8366/
· Signature of New Registered	- Had	<u> </u>	7/4	100
ISSUED: 07-03-1	Signature Name (Typed or Printed) Name (Typed or Printed)	Date _	7/16/ poseda	10
	DO NOT TAPE OR STAPLE	2	7433	
