Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 **FIRST NOTICE * NO FEE REQUIRED 4. Names and Addresses of Officers and Directors Name Street or P.O. Address **President: Jay L. Wickham Secretary: Tevi A. Wickham (Vice Pres.) Directors: Candace K. Wickham Secretary: Tevi A. Wickham (Secretary: Tevi A. Wickham (Secretary: Tevi A. Wickham (Secretary: Tevi A. Wickham (Secretary: Tevi A. Wickham Secretary: Tevi A. Wickham (Secretary: Tevi A. Wickham (Secretary: Tevi A. Wickham (Secretary: Tevi A. Wickham Secretary: Tevi A. Wickham S				ISSUED: 07-U5-1994	
Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED A. Names and Addresses of Officers and Directors Name Street or P.O. Address // 2/49 W. Keates Dr. Secretary: Tev: A. Wickham (Vice Ares.) Directors: Candace R. Wickham (Sec-Tres.) 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 (Signature of Business Religions-	No. 64999	Due No Later Than November 14994		2. Registered Agent and Office TERI WICKHAM	
Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED * SOISE ID 83709 4. Names and Addresses of Officers and Directors Name Street or P.O. Address Name Street or P.O. Address City State Zip	Return To				
Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED * SOISE ID 83709 * No: 64999 4. Names and Addresses of Officers and Directors Name Street or P.O. Address / 2149 W. Keates Dr. **Street or P.O. Address / 2149 W. Keates Dr. **Directors: **City State Zip **Tank L. Wickham **Street or P.O. Address / 2149 W. Keates Dr. **Directors: **Candace R. Wickham **Street or P.O. Address / 2149 W. Keates Dr. **Directors: **Candace R. Wickham **Street or P.O. Address **City State Zip **Tank Directors **Coive State **Tank Directors **Street or P.O. Address **City State Zip **Tank Directors: **Coive State **City State **Tank Directors **Candace R. Wickham **Street or P.O. Address **City State **Zip **Tank Directors: ***City State **Tank Directors **Coive State **City State **Tank Directors ***City State **Tank Directors **Tank Directors					
* FIRST NOTICE * NO FEE REQUIRED ** SOISE ** SOISE ** ID 83709 ** Street or P.O. Address ** President: Tay L. Wickham Secretary: Tevi A. Wickham Secretary: Tevi A. Wickham Secretary: Candace R. Wiekham Secretary: Tevi A. Wickham Secretary: Tevi	Room 203, Statehouse			BOISE	10 83709
* FIRST NOTICE * NO FEE REQUIRED SOISE ID 83709 NO: 64999 4. Names and Addresses of Officers and Directors Name Street or P.O. Address City State Zip President: Tay L. Wickham (Vice Ares.) Secretary: Tevi A. Wickham (Vice Ares.) Directors: Candace R. Wiekham (Sec-Tres.) 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 of Business Religions- 10 83709 10 83709 11 83709 12 149 W. Keales Dr. Boise Take 83709 13 15 16 16 16 16 16 16 16 16 16 16 16 16 16				3. Incorporated Under The Laws	
A. Names and Addresses of Officers and Directors Name Street or P.O. Address City State Zip President: Jay L. Wickham (Vice Pres.) Secretary: Tevi A. Wickham (Vice Pres.) Directors: Candace R. Wickham (Sec-Tres.) 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 Signature Date 7-15-94	* FIRST NOTICE *			of ID	and the second of the second
President: Jay L. Wickham Secretary: Tevi A. Wickham (Vice Ares.) Directors: Candace R. Wickham (Sec-Tres.) 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 Signature Date 7-15-94	NO FEE REQUIRED	301SE	ID 83709	No: 64999	
President: Jay L. Wickham Secretary: Tevi A. Wickham (Vice Ares.) Directors: Candace R. Wickham (Sec-Tres.) 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 Signature Date 7-15-94	4. Names and Addresses of Office	ers and Directors			
President: Jay L. Wickham Secretary: Tevi A. Wickham (Vice Ares.) Directors: Candace R. Wickham (Sec-Tres.) 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 Signature Date 7-15-94		Name	Street or P.O. Address	City	State Zip
Secretary. Tevi. A. Wickham (bicc Pres.) Directors: CANDACE R. Wickham (Sec-Tres.) 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 Signature Date 7-15-94	President: Jay L. Wickham		1		
5. Nature of Business 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 Date 7-15-94			"		H 14
5. Nature of Business 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 Date 7-15-94	Directors: CANDACE R. W	ham (Vice Presi) ickham (Sec-Tri	es.) "	61	e vi
5. Nature of Business 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 Date 7-15-94		•			
5. Nature of Business 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 Date 7-15-94			7	٠.	
5. Nature of Business 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 Date 7-15-94				•	
5. Nature of Business 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 Date 7-15-94					
5. Nature of Business 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 Date 7-15-94					
5. Nature of Business 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 Date 7-15-94		M +==			
true, correct and complete. Signature Date 7-15-94		74.41°			
Religions- true, correct and complete. Signature Date 7-15-94					
Religious- true, correct and complete. Signature Date 7-15-94	5_Nature of Business	6. I certify	that this Annual Report has been exa	mined by me and is to the	e best of my knowledge
Signature Date 7-15-94	Religious-	true, coi	rrect and complete.		,
Name Proped Tasi I II's VI A. Title Proside T	A Company of the Comp		Allecheron	Date	7-15-94
TARREST TO THE STREAM		Name (Type	JAY Z. Wickham	Title	resideNT