	INSTE	RUCTIONS ON REVERSE SIDE	ISSUED JULY 1, 1989			
82403 No.	Idaho Corpo	ration Annual Report Form	2. Registered Agent and Office			
Return To Secretary of State Room 203, Statehouse Boise, ID 83720	Due No Later Than November 1,1989 1. Mailing Address — Please Correct BRIGGS = SIMMONS / LTD NILA BRIGGS 796 MEMORIAL DRIVE		796 MEMORIAL DRIVE			
			IDAHO FALLS ID 8340			
				LAD MEMOKTAE	DYTAE	3. Incorporated Under The Laws of IDAHO
				NO FEE REQUIRED	IDAHO FALLS	ID 83401
		1 2	·	No: 8240		
4. Names and Addresses of Offic SEC. Of	ers and Directors					
SEC. OF STATE	<u>Name</u>	Street or P.O. Address	<u>City</u> <u>State</u> <u>Zip</u>			
ar am 8	51					
	iggs:	796 Memorial Dr.	Idaho Falls Idaho 83402			
Secretary: John G. Si		P.O. Box 4229	Pocatello, Idaho 83205			
Directors: Joy N. Sin	mons	796 Memorial Dr.	Idaho Falls, Idaho 83402			
Nila M. Br	iggs	796 Memorial Dr.	Idaho Falls, Idaho 83402			
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<i>a</i>						
5. Nature of Business	6. I certify	that this Annual Report has been e	examined by me and is to the best of my knowledge			
p - 1 - p-4-4	i i	rrect and complete.	Date 8-14-89			
Real Estat Brokerage	Ce Signature Name (Typ)	ed or Wile M Brings	Title President			
BLUKELage	Name Print	60)	1,000			