| lo.101529 | le | | IONS ON REVERSE SIDE | 2. Registered Agent and | | |
|---|------------------|-----------------------------------|-----------------------------------|---|------------------------|----------------|
| Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED | | ue No Later Th | G MICHAEL LEE 8TH AND MAIN ST | | | |
| | LOO G M PO | | NCH, INC. E | 3. Incorporated Under Tof ID NO: 101529 | IO | 83226 |
| Names and Addresses of Of | ficers and Dire | ectors | MUST BE PRINTED | OR TYPED | ····· | |
| | Na | me | Street or P.O. Address | <u>City</u> | State | <u>Zip</u> |
| President: Secretary: | Gary M Tami B | ladsen Brausen | P.O. Box 25 P.O. Box 955 | Ellis Challis | ID ID | 83235 83226 |
| Directors: | Gary M | ladsen | P.O. Box 25 | Ellis | ID | 83235 |
| | | | | · | | |
| | | | | . 1 | | |
| 5. Nature of Business | | 6. I certify the | at this Annual Report has been ex | amined by me and is to the t | est of my | knowledge |
| General | | Signature Name (Typed or Printed) | | Date 7. | <u>/3-9-</u> cretar | |