		INSTRUCTION	ONS ON REVERSE SIDE	A W TOP WE F	we 1 1	ı
Vo. 89118			on Annual Report Form	2. Registered Agent and Office NOT A P.O. BO		
Return To Secretary of State Room 203, Statehouse Boise, ID 83720		Due No Later Than November 1,1991 1 Mailing Address - Please Cornect II Not Cornect		CARGE J. MARTIN COTTONWOOD POINT DRIVE		
		3. Incorporated Under The Laws of				
		NO FEE REQ	UIRED	ST. MARIES	TD 83861	NO: 089110
. Names and Addres	sses of Officers	and Directors				<u> </u>
		Name	Street or P.O. Address	City	<u>State</u>	Zip
President:	Dean C.		P.O. Box 321	St. Maries	Id.	83861
Secretary:	Scottie Thormahlen		1200 Epler Dr.	St. Maries	ID.	83861
Directors:	Bob Powers		HC 02 Box 155	St. Maries	ID.	83861
	JoAnn Powers		HC 02 Box 155	St. Maries	ID.	83861
			•			
Nature of Business		6. I certify that	this Arinual Report has been exa	amined by me and is to the	best of my k	nowledge
Volleyball Club		true, correct	and complete. Lente			
			Dean C. Gentry		esident	