			I S S U E D + O	and Office NOT A P.O. BOX
lo. 69240		ration Annual Report Form		
Return To Secretary of State Room 203, Statehouse Boise, ID 83720	Due No Later	Than November 1,	JOANN E. WO	DRT/SOUTH_OF SA
	1 Mading Address - Physical Caracac II Jean Capacit			ON I POOL III 4.01 ON
	MOUNTAIN BIRD, INC. JOANN E. WOLTERS P.O. BOX 698		SALMON	ID 83467
			3. Incorporated Under The Laws	
* FIRST NOTICE *	Paul Bux 05		of ID	
NO FEE REQUIRED	SALMON	ID 83467	NO: 69240	
Names and Addresses of Office	rs and Directors	MUST BE PRINTED	OR TYPED	
	Name	Street or P.O. Address	City	State Zio
President:		L Box CAS	Calmeral	ID 83467
Secretary:	HNN E. WOL	ters Po Box 198	٠٠٠	11 11
Directors:	NIEL L. Jah	eoeden	, ,	,
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	ME 2 A	that this Annual Report has/been e.	· •	
. Nature of Business	6. I certify to true, core	S ABOVE	xamined by me and is to th	•
S	6. I certify to	that this Annual Report has been expect and complete.	· •	,