0.	Idaho Cor	poration Annual Report Form	ISSUED: 0	and Office NOT A P.O. BO
Return To Secretary of State 700 W Jefferson P.O. Box 83720	Due No Later Than November 303  * Mailing Address - Please Concer If Not Corneal CONTROL ACCEPTANCE CORP. CON PAULOS PO BOX 361		JEROME ID 83338  3. Incorporated Under The Laws of	
O FEE REQUIRED				
Names and Addresses of (			, I	
resident: Con P. Paule	Name	Street or P.O. Address	City	State Postal Code
ecretary: Unthia R	Della	61 West 600 30	Jerome	10 \$3338
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	6. I certify that this	Annual Report has been examined by m	ne and is to the best of my f	knowledge true, correct and
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Vature of Business	6. I certify that this complete.	Annual Report has been examined by m		1-27-95