SECRETARY OF STATE  700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED  * FIRST NOTICE * TWIN FALLS ID 83301 Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)  Office held  Name    Mailing Address Please Correct, If Not Correct   2050 TRAIL CREEK C   TWIN FALLS ID 8   3. Organized Under the Laws of:   TWIN FALLS ID 83301 ID C12678   Corporations: Enter Names and Business Addresses of President, Secretary and Directors	C12o788	Annual Report Form 1999 Due No Later Than November 30,		it and Office NOT A P.O. BOX
PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED  ** FIRST NOTICE ** TWIN FALLS ID 83301 Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)  Offlice held Name Street or P.O. Address City State  PRESIDENT WANT HESS 209 TRAIL CREEK CIRCLE  TWIN FALLS ID 8 3. Organized Under the Laws of:  ** TWIN FALLS ID 8 3	CRETARY OF STATE			
* FIRST NOTICE * TWIN FALLS ID 83301 ID C12678  Corporations: Enter Names and Business Addresses of President, Secretary and Directors  Limited Liability Companies: Enter Names and Addresses of Managers or Mambers (check one)  Offlice held Name Street or P.O. Address  PRESIDENT WALTHESS 2050 TRAIL CREEK CIECUE TWIN FALLS ID. 835  Sequences Application of New Registered Agent  Signature of New Registered Agent  Name Typed or WALTHESS Title PRESIDENT  Name Typed or WALTHESS Title PRESIDENT	BOX 83720	WALT HESS	TWIN FAL	LLS ID 83301
Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)  Office held Name Street or P.O. Address City State  PRESIDENT WALT HESS 2957RAIL CREEK CIECUE TWIN FACES ID. 835  Sequence Annual Faces Annual Faces ID. 835  Signature of New Registered Agent  Signature of New Registered Agent  Name (Typed or Managers)  Name (Typed or Managers)  Title President  Title President	O FEE REQUIRED		-	
Climited Liability Companies: Enter Names and Addresses of Managers or Members (check one)  Office held Name Street or P.O. Address City State  PRESIDENT WALTHESS 2050 TRAIL CREEK TWIN FALLS ID. 835  Secretary Application of New Registered Agent  Signature of New Registered Agent  Signature Managers or Members (check one)  Members (check one)  City State  TWIN FALLS ID. 835  Signature of New Registered Agent  Signature Managers or Members (check one)  Date 7/12/99  Name (Typed or Managers or Members (check one)  Date 7/12/99  Name (Typed or Managers or Members (check one)			10	<u> </u>
President Wart Hess 200 Trail Creek Twin Faces 1D. 833  Secretary Anna Ness ""  Signature of New Registered Agent Signature Wart Hess Title President  Name Printed Wart Hess Title President	•	· ·	(check one)	
Secretary Annia Hess  Signature of New Registered Agent  Signature  Signature  Name  (Typed or Printed)  Name  Title Prescribert	Hice held Name	Street or P.O. Address	City	State Zip
Signature of New Registered Agent  Signature  Signature  Signature  Name  Signature  WALTHESS  Title	cesidar wac	HESS 2090 TRAIL CREEK TI	win Faces	ID. 83301
Signature of New Registered Agent  Signature  Signature  Signature  Name  Signature  Name  Signature  Signature  Signature  Name  Signature  Signature  Name  Signature  Signatu	ARTON Anni A	dess " " "	•	e 4
Signature WALT HESS Title PRESIDENT	•			
Printed:	gnature of New Registere	11/1/les Un	Date .	7/12/99
ISSUED: 07-03-1999 4057		Name Printed WALT HESS	Title	ALCO DONT
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