| Actum To Secretary of State Room 203, Statehouse Boise, ID 83720 RECOVER SEC. OF STATE SEC. OF STATE SEC. OF STATE AMDIRED Addresses of Officers and Directors Name Street or P.O. Address COR POR ATION DISCOULED AS OF 12-31-86 2. Hegistered Agent and Office CARY GRAHAM 525 PARKINSON STREET EAGLE, IDAHO 3. Incorporated Under The Laws of STATE UF IDAHO STATE UF IDAHO DISCOULED AS OF 12-31-86 STATE UF IDAHO DISCOULED AS OF 12-31-86 STATE UF IDAHO STATE UF IDAHO DISCOULED AS OF 12-31-86 | 0.077875 | Idaha Carnar | estion Annual Panart Farm | 2. Registered Agent and | d Office |
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| Secretary of State Room 203, Statehouse Boise, ID 83720 RECEIVE SEC. OF THE TEAGLE & GRAHAM INCORPORA SEC. OF THE TEAGLE & TOAHO 10 30 H3616 Name Street or P.O. Address City State Zip President: Secretary: Directors: | | , a | | | |
| Room 203, Statehouse Boise, ID 83720 RECEIVED RECEIVED SEC. 0 1 10 30 H3616 CARY GRAHAM SEC. 0 10 10 30 H3616 Name Street or P.O. Address City State Zip President: Secretary: Directors: | | | | m1 j "i | |
| Boise, ID 83720 RECEIVED SEC. OF THE STATE GRAHAM. RICE C GRAHAM. INCORPORA SEC. OF THE STATE UP IDAHO Name Street or P.O. Address City State Zip President: Secretary: Directors: | | | \ , | | • |
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| Name Street or P.O. Address City State Zip President: Secretary: Directors: | CER DE STATE | 525 PARKINSO | ON STREET | of | |
| Name Street or P.O. Address City State Zip President: Secretary: Directors: | | EAGLE. TOAHO | • | | 1 |
| Name Street or P.O. Address City State Zip President: Secretary: Directors: | 10 3U | 83616 | | STATE UF L | DAHO |
| President: Secretary: Directors: | Names land Addresses of Officers | s and Diractors | | | • |
| Secretary: Directors: | | <u>Name</u> | Street or P.O. Address | City | State Zip |
| | Secretary: | RATION DIS | OULED AS OF 12 | -31 -86 | |
| | Secretary: | 2 on Sunt | that tḥis/Annual Report has been exan | - | best of my knowled |
| | Secretary: Directors: Cok Pa | 6. I certify t | J | nined by me and is to the | best of my knowled |
| Signature Name (Typed or Name) Neme (Typed or Name) Neme (Typed or Name) Neme (Typed or Name) Neme (Typed or Name) | Secretary: Directors: Cok Pa | 6. I certify t true, corr Signature | that this Annual Report has been exameted and complete. | nined by me and is to the | - 7- 87 |