




ISSUED: 07-11-1993

No. 98027	<b>Idaho Corporation Annual Report Form</b>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>									
Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  ★ FIRST NOTICE ★ NO FEE REQUIRED	Due No Later Than November 1, 1993		EDWARD A OVERACRE									
	1. Mailing Address <b>TWIN FALLS SIGN COMPANY</b> <b>EDWARD A OVERACRE</b> <b>1866 ELIZABETH BLVD</b>  <b>TWIN FALLS ID 83301</b>		2008 4TH AVE E  <b>TWIN FALLS ID 83301</b>  3. Incorporated Under The Laws of ID NO: 98027									
4. Names and Addresses of Officers and Directors <b>MUST BE PRINTED OR TYPED</b>												
<table border="0"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>							
President: → <b>EDWARD A. OVERACRE 1866 ELIZABETH TWIN FALLS, ID. 83301</b>												
Secretary: Directors:												
VICE-PRESIDENT → <b>THOMAS S. OVERACRE PO BOX KIMBERLY, ID 83301</b>												
SECRETARY / TREASURER → <b>ROSS PARTON 627 ALTURAS DR. N. TWIN FALLS, ID. 83301</b>												
5. Nature of Business  <b>SIGN MFG / SALES</b>		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  <table border="0"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td><b>10/1/93</b></td> </tr> <tr> <td>Name (Typed or Printed)</td> <td><b>EDWARD A. OVERACRE</b></td> <td>Title</td> <td></td> </tr> </table>			Signature		Date	<b>10/1/93</b>	Name (Typed or Printed)	<b>EDWARD A. OVERACRE</b>	Title	
Signature		Date	<b>10/1/93</b>									
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