| Due No Leter Than November 1, 1987 1. Mailling Address — Please Correct Q62822 2. Manuel As Bills — State Dollar | No. 062822 | Idaho Corporation Annual Report Form | | 2. Registered Agent and Office | |
|--|---|---|--------------------------------------|--------------------------------|--------------------------|
| A Names and Addresses of Officers and Directors Name Street or P.O. Address City State Zip | Secretary of State Room 203, Statehouse | 1. Mailing Address — Please Correct U62822 412 EAST 41ST BOISE, IJAHENTERED | | | |
| Name Street or P.O. Address City State Zip President: DeWayne A. Bills P.O. Box 8897 Boise ID 83707 Secretary: Douglas F. Wolf P.O. Box 8897 Boise ID 83707 Directors: DeWayne A. Bills Same Douglas F. Wolf Same 5. Nature of Business Property Management 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature Douglas F. Wolf Title Secretary | 44 Octo 54 CW | 845 8897 8015E, 10AHO | | | |
| President: DeWayne A. Bills P.O. Box 8897 Boise ID 83707 Douglas F. Wolf P.O. Box 8897 Boise ID 83707 DeWayne A. Bills Same Douglas F. Wolf Same 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature Signature Date 9/28/87 Name Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Date 9/28/87 Name Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. | Names and Addresses of Office | rs and Directors | | | |
| Secretary: Douglas F. Wolf P.O. Box 8897 Boise DeWayne A. Bills Same Douglas F. Wolf Same 5. Nature of Business Property Management 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature Name Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature Name Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature Name Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature Name Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature Name Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature Name Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature Name Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature Name Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature Name Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. | | Name | Street or P.O. Address | <u>City</u> | State Zip |
| Douglas F. Wolf Same 5. Nature of Business Property Management 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature Name Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature Name Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature Name Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature Name Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature Name Report has been examined by me and is to the best of my knowledge true, correct and complete. | Secretary: | Douglas F. Wolf | P.O. Box 8897 | | <u>, 11.</u> |
| Property Management true, corfect and complete. Signature Date 9/28/87 Name Printed) Douglas F. Wolf Title Secretary | | - | | | |
| Signature Date 9/28/87 Name Annea Douglas F. Wolf Title Secretary | | 6. I certify the | pat this Annual Report has been exam | nined by me and is to | the best of my knowledge |
| | Property Management | Signature | Jant May | | 9/28/87 Secretary |
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THE HEALTHON'S ON HEVERSE SIDE