	INSTRUCTION	INS ON REVERSE SIDE	ASSUER: In:	= : /= (⊌ , \	
No. 89539	Idaho Corporation Annual Report Form		2. Registered Agent an	d Office NOT A P.O. BOX	X
Return To Secretary of State Room 203, Statehouse Boise, ID 83720		November 1,4993	1734 OVERLAN		
	SPRAY RITE, INC. BCx 789		BURLEY	ID 83318	
** FINAL NOTICE **			3. Incorporated Under The Laws of 1.5		
NO FEE REQUIRED	BURLEY	ID 83318	NO: 89539		
4. Names and Addresses of Officer	s and Directors	MUST BE PRINTED C	R TYPED	**************************************	
	Name	Street or P.O. Address	<u>City</u>	State Zio	
President: Secretary: Directors:	JOHN ANDERSON	Pa 2 Bur 2450	Вильо	IB &33/f	
5. Nature of Business	true, correct a	his Annual Report has been examind complete.	Date	best of my knowledge ബ്.മ സ്	