| ** 数 <i>な</i> ま - | - INSTRUCTIO | NS ON HEVERSE SIDE | way way a |
|---|-----------------------------------|--------------------------------------|--|
| vo. 5 ₹ Ú 5 7 | Idaho Corporatio | n Annual Report Form | 2. Registered Agent and Office NOT A P.O. BOX |
| Secretary of State Room 203, Statehouse Boise, ID 83720 | | | MURRAY T SNEDDON 867 WASHINGTON ST. |
| | 1. Mailing Address ··· PO | OR COMPANY INC. | MONTPELIER ID 83254 |
| | 867 WASHINGTON | V ST. | 3. Incorporated Under The Laws |
| ** FINAL NOTICE ** NO FEE REQUIRED | MONTPELIER | ID 83254 | of ID NO: 63057 |
| Names and Addresses of Office | rs and Directors | MUST BE PRINTED | OR TYPED |
| | Name | Street or P.O. Address | <u>City</u> <u>State</u> <u>Zip</u> |
| | Murray T Sneddon Susan Sneddon | 201 Valley View 201 Valley View D | |
| | | | |
| | | | |
| . Nature of Business | 6. I certify that t | this Annual Report has been exa | mined by me and is to the best of my knowledge |