

Annual Report Form

Due No Later Than November 30,

1998

2. Registered Agent and Office NOT A P.O. BOX

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

1. Mailing Address - Please Correct, if Not Correct

CAB, INC.
CONSTANCE BRICKERT
2257 N REISWIG RD

CONSTANCE BRICKERT
2257 N REISWIG RD
POST FALLS ID 83854

3. Organized Under the Laws of:

ID C 71913

POST FALLS ID 83854

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)

Office held

Name

Street or P.O. Address

City

State

Zip

PRESIDENT CONSTANCE A. BRICKERT 2257 N REISWIG RD POST FALLS ID 83854
DIRECTOR " " " " "
SECRETARY THOMAS L.D. BRICKERT 2257 N. REISWIG RD POST FALLS ID 83854
DIRECTOR " " " " "

5. Signature of New Registered Agent

6.

Signature

Name (Typed or Printed)

Date

Title

ISSUED: 10-03-1998

DO NOT TAPE OR STAPLE

10695