| Due No Leter Than November 1, 988   ROBERT D. FULTON   | الرواية الم                            | Idaho Corporation Annual Report Form   | 2. Registered Agent and Office                  |
|--|--|--|---|
| SECRETARY OF STATE  ROOM 203, Statehouse  Boise 10,83720  SEC. OF LEATE  SECOND AND MON STREET  LEWISTON, IC  33501  SIncorporated Under The Laws  of  STATE OF IDAHO  STATE OF IDAHO  STATE OF IDAHO  STATE OF IDAHO  President:  Secretary:  MAN 64RET W. FULTON  Directors:  OS 17 H Mr. Lewiston To 330  Nature of Business  6. I certify that this Angual Report has been examined by me and is to the best of my knowledge true, correct and simplets.  Signature  Only 10 State  Signature  Only 10 State  Signature  Date  7/9/W   | Return To                              | Due No Later Than November 1, 1988   |   |
| Room 203, Statehouse Boispaid 83720.  SECOND AND "O" STREET  LEMISTON, IC 83501  3. Incorporated Under The Laws of  STATE OF IDAHO  AND STATE OF IDAHO  STATE OF IDAHO  President:  Presid | Secretary of State                     | 1. Mailing Address — Please Correct 0 30453  |   |
| SEC. OF MATE  SECOND AND "O" STREET  LEWISTON, TOAHO  3. Incorporated Under The Laws of  STATE OF IDAHO  STATE | Room 203, Statehouse                   |  | -   |
| SEC. 0: 144 E  SECOND AND "O" STREET  LEWISTON. EDAHO 33501  Name Street or PO. Address  City State Zip  President: President: Proceedings City State Zip  President: Procedure Construction  Secretary: Procedure Construction  Nature of Business  Construction  Construct | Boise 4D 83720                         | , "  |   |
| AR JUL 11 PM 2 45  LEWISTON. FOAHO  33501  Name Street or P.O. Address City State Zip President: Secretary: Directors:  Name Name Name No. 105 17 HAV No. 10 | SEC OF LEATE                           |  |   |
| STATE OF IDAHO  Name Street or P.O. Address  City State Zip  President: ROBUT D FULTON  Secretary: MARKET W. FULTON  Directors:  6. I certify that this Angual Report has been examined by me and is to the best of my knowledge true, correct and emplets.  Signature  STATE OF IDAHO  DATE OF IDAHO  Date 7/9/W  | CO, Or William                         | <b>,</b>   | OT .  |
| Name Street or P.O. Address  Name Street or P.O. Address  City State Zip  President: ROBERT D FULTON  Secretary: MAN 6 ARET W. FULTON  Directors:  6. I certify that this Angual Report has been examined by me and is to the best of my knowledge true, correct and simplets.  Signature of Business  Signature Dealer  Date 7/9/W  | 00 mm 11 PM 2 45                       | - ·  |   |
| President: Secretary: Directors:  Name  Street or P.O. Address  City  State  Zip  Veriffin  TO  \$330  Socretary: Directors:  6.1 certify that this Angual Report has been examined by me and is to the best of my knowledge true, correct and complete.  Signature  Date  7/9/W   |  |  | STATE OF IDAHO                                  |
| 5. Nature of Business  6. I certify that this Angual Report has been examined by me and is to the best of my knowledge true, correct and complete.  Signature  Date 7/9/VV   |  |  |   |
| 5. Nature of Business  6. I certify that this Angual Report has been examined by me and is to the best of my knowledge true, correct and complete.  Signature  Date 7/9/VV   | Λ                                      | Name Street or P.O. Address  |   |
| Directors:  Nature of Business  6. I certify that this Angual Report has been examined by me and is to the best of my knowledge true, correct and complete.  Signature  Date 7/9/V   | Provident: KoB                         | ELT D FULTON 105 17 HAVE   | lewith ID BIN                                   |
| boodysm The Dealer true, correct and complete.  Signature Date 7/9/88  | •                                      |  |   |
| boodysm The Deville true, correct and complete.  Signature Date 7/9/88   |  |  |   |
| Signature Date Date  |  |  |   |
| Name (Typed or Protect) ROBERT D FULTOW Title Pris   | . Nature of Business                   | 6. I certify that this Annual Report has been extended true, correct and complete. | amined by me and is to the best of my knowledge |
|  | i. Nature of Business boodyen The Dead | true, correct and complete.  Signature   | 7/0/14  |