	INSTRUC	CTIONS ON REVERSE SIDE/	K w so we so a first or a	w 1 , j	
No. 34137		Idalio Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX	
Secretary:		Due No Later Than November 1, 1991		C T CORPORATION SYSTEM 300 NORTH 6TH STREET	
	1. Mailing Address —	1. Mailing Address — Please Correct, If Not Correct			
	The section of the se	MASTER APPLICATORS, INC. ABINASH SONDHE 33095 BAINBRIDGE POAD		ID 93761	
				3. Incorporated Under The Laws of OH	
NO FEE REQUIRED	SOLON	OH 44139	NO: 054137	·	
4 Names and Addresses of Off	icers and Directors	_ p			
	<u>Name</u>	Street or P.O. Address	City	State Zip	
	Abinash Sondhe none none	114 Anglers Drive	Chagrin Falls,	OH 44122	
		that this Annual Report has been examined by me and is to the best of my knowledge			
highway constructi	Signature	rect and complete.	othe Date 7/	122/91	
	Name /Typed	Abinash Sondhe	Title Dea	sident	