	Annual Report Form Due No Later Than November. I. Mailing Address - Please Correct, If Not Cor CENTURION ASSOCIATES, STAFFORD SMITH P.O. BOX 1896 IDAHO FALLS ID 83 Addresses of President, Secretary and Diner Names and Addresses of Managers or	30, rect STAFF 1255 INC. IDAHO 3. Organized 403 1396 ID	FALLS ID	ES
Office held Name	Street or P.O. Address	<u>City</u> -	State	Zip
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NATURE OF BUSINES	6. I certify that this Annual for knowledge true, correct and Signature	complete:	ate	Dest of my
AIRCRAFT OPERAT	Name (Typed or STAFFOR	EJ GAMENT TI	itle Pass_	
ISSUED: 07-06-1	995		8234	
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