No. W 1599		Report Form 199 Than November 30,	2. Registered Age	nt and Office No	OT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON	1. Mailing Address - Please			SHBOURNE	EDR 👯
PO BOX 83720 BOISE, ID 83720-0080	MARALEE FEI PO BOX 593	N	EAGLE	I	33616
NO FEE REQUIRED	1		3. Organized Und	er the Laws of:	<u> </u>
* FIRST NOTICE *	EAGLE	ID 33616	I)	W	1599
Corporations: Enter Names and Limited Liability Companies: Enter Companies C	er Names and Addresses of	f Managers or Membe	ars (check one)		
	dicc Fein A	t or P.O. Address 20 Box 593	<u>City</u> Fig.10	State ID ID	<u>Zio</u> 83616
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lanager Mid	nad Fein 4	10 Box 593 11 Ashbourne Dr.	Eagle	#D	836/6
	NIRA 6. I certify th	at this Annual Report has bee	~		
SIGNATURE OF CURR	NIRA 6. I certify th	at this Annual Report has bee	~	and is to the	
	ENT RA 6. I certify th knowledge Signature	at this Annual Report has been straig correct and complete	n examined by me	and is to the	best of my
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