۷o. ۳ 3	32	Annual Report Form 1 → → 5 Due No Later Than November 30,			2. Registered Agent and Office NOT A P.O. BOX		
Return to: SECRETARY OF S	TATE 1. Mailin	1. Mailing Address - Please Correct, If Not Correct			1525 LOSETH R)		
700 WEST JEFFEF PO BOX 83720 BOISE, ID 83720-0	RSON RES	ERT REGGE 5 LOSETH R	· · · · ·	OROFIN	9 10	83544	
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* FIRST NO	TICE * DRO	FING	ID 33544	CI	ત્ર	332	
	nter Names and Addres Companies: Enter Name			embers (check one)			
Office held	<u>Name</u>		or P.O. Address	<u>City</u> -	State	<u>Zip</u>	
Pres.	Robert Regg	ear 152.	5 Loseth Rd. 2 Loseth Rd.	Orofino		83544	
Sec.	Michael Regg	ear 152°	2 Loseth Rd.	Orobine	o ID	8354¢	
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SIGNATURE	OF CURRENT R	6. I certify that	t this Annual Report	been examined by m	ne and is to the	best of my	
		knowledge ;	true confect and compl	ete.	1/11	1/01	
		Signature	1	7——— Date	• — ///	196	
1		Name (Tybed a	Robert Se	95ee - Title	Preside	/-	
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