| No. C 94352 | | Annual Report Form Due No Later Than November 30. | | istered Ag | ent and Office I COGGIN | NOT A P.O. BO |
|---------------------------------------|-------------|--|------------------------|------------|----------------------------|---------------|
| Return to: | 1. Maili | ing Address - Please Correct, If Not Correct | | | ATHAN CI | |
| SECRETARY OF STAT | | GGIN ASSOCIATES, INC. | · · · | 942 N | AINAN CI | IACE - |
| PO BOX 83720 | | LVIA COGGIN | т | AHO | FALLS 1 | LD 8340 |
| BOISE, ID 83720-0080 | | 42 NATHAN CIRCLE | | | | • • • • • • |
| NO FEE REQUIRED | | | 3. Org | anized Ur | nder the Laws of | f: |
| * FINAL NOTI | CE ** ID | AHO FALLS ID 8340 | 4 | ID | c | 94852 |
| | | sses of President, Secretary and Directo as and Addresses of D Managers or D | rs] Members (check | one) | | |
| Office held | <u>Name</u> | Street or P.O. Address | (| City | State | Zip |
| RESDENT | SILVIA COG | GIN 3542 NATHAN CIR | DAHO | FRUS | 4 | PSYOY |
| SECRETARY / | STEVE LOG | | | | | 4 |
| TREASURER | | | | | | • • • |
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| TREASUNER | USINESS | 6. I certify that this Annual Report | has been examir | ied by m | e and is to the | e best of my |
| NATURE OF B | | 6. I certify that this Annual Report knowledge true, corregand oor Signature | nplete. | | e and is to the | 1 |
| Treasunter | | knowledge true, correct and cor Signature | nplete. | Date | 16 0000 | ser 96 |
| NATURE OF B | | knowledge true, correct and cor Signature | nplete. | Date | | ser 96 |
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