

No. C 82583	Annual Report Form 1997 <i>Due No Later Than November 30,</i>		2 Registered Agent and Office NOT A P.O. BOX JAMES R. STAPLES 6476 MAIN ST BONNERS FERRY ID 83805																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED ★ FIRST NOTICE ★	1 Mailing Address Please Correct If Not Correct J.R.S. SURVEYING, INC. JAMES R. STAPLES P O BOX 3099 BONNERS FERRY ID 83805		3. Organized Under the Laws of ID C 82583																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Office held</th> <th style="text-align: left; width: 25%;">Name</th> <th style="text-align: left; width: 35%;">Street or P.O. Address</th> <th style="text-align: left; width: 15%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>Pres.</td> <td>James R. Staples</td> <td>P.O. Box 3099 Bonners Ferry</td> <td>Id</td> <td>83805</td> <td></td> </tr> <tr> <td>Sec/Treas</td> <td>Melanie M. Staples</td> <td>same</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	Pres.	James R. Staples	P.O. Box 3099 Bonners Ferry	Id	83805		Sec/Treas	Melanie M. Staples	same			
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Sec/Treas	Melanie M. Staples	same																			
5.		6. Signature <u>Melanie Staples</u> Date <u>7/28/97</u> Name (Typed or Printed) <u>Melanie Staples</u> Title <u>Sec/Treas</u>																			

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

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