	Di	Annual Report Form ue No Later Than November 30,	1998 2. Res	gistered Agent	and Office NC	T A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720	1. Mailing Addr	ess - Please Correct, If Not Correct INC.	*		MAS THSIDE	elvb
BOISE, ID 83720-0080 NO FEE REQUIRED	RON V.			AMPA	It	83686
* FIRST NOTICE *	NAMPA	# n - 10 # 2 1	ĺ	janized Under	the Laws of:	
. Corporations: Enter Names and	Rusiness Address	ID 836 sees of President, Secretary and D	53	10	C 1 C	15340
	ter Names and A	ddresses of <b>Managers</b> or	irectors I Members (check	one)		
Office held Name		Street or P.O. Address		City	State	Zip
Pres L. Kent t	tymas	8636 Southside P	Sluck No	ampa	State	83686
SEC RONV	BOWEN	POBOX 41	N)	LMPA	ID	83653
Signature of New Registered	Agent 6.					
Signature of New Registered		Signature Jaw Bo	w	Date	10-29-4	r\$
	5	6	WEN	Date	10-29-9 Sec	P\$
Signature of New Registered  ISSUED: 07-03-1	5	Name (Typed of Red V Bo	WEN )		<u>/0-29-9</u> Sec 5928	7 <b>.</b>
	998	Name (Typed of Red V Bo				<b>1</b>
	998	Name (Typed of Red V Bo				P. 8