| No. C 55372   | Annual Report Form  | 2. Registered Ager | ICANG DAIGE IN                         | OIAI.O. DOA |  |
|---|---|--------------------|--|-------------|--|
| Return to:<br>SECRETARY OF STATE                                  | Due No Later Than November 30,  1. Mailing Address - Please Correct, If Not Correct                                     | · ·                | RICHARD H. WAITE<br>2134 HIGHLAND EAST |             |  |
| 700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080        | D BUS COLFING.<br>RICHARD H. WAITE<br>2593 E 3700 N   | THIN FAL           | LS 1                                   | 0 83301     |  |
| NO FEE REQUIRED   | 2393 E 3100 N   | 3. Organized Unde  | 3. Organized Under the Laws of:        |             |  |
| * FIRST NOTICE *  | TWIN FALLS ID 33501   | 10                 | <b>c</b> .                             | 68392       |  |
| Corporations: Enter Names and<br>Limited Liability Companies: Ent | d Addresses of <b>President, Secretary and Directors</b><br>er Names and Addresses of <b>I Managers</b> or <b>I Mem</b> | ibers (check one)  |  |             |  |
| Office held Name  | Street or P.O. Address  | City               | State                                  | <u>Zip</u>  |  |
| Auster Riche  | and A. Waite 2593 & 3700 N  | Twinifalls         | ID                                     | 83301       |  |
| La Hras Mari  | dun J. Miller "   | t.(                | L <sub>L</sub>                         | u           |  |
| 201   | J.  |                    |  |             |  |
| Jel 1   |   |                    |  |             |  |
|   |   |                    | ,                                      | •           |  |
|   | 6 I certify that this Angual Report has h   | een examined by me | and is to the                          | best of my  |  |
|   | 6. I certify that this Annual Report has b  | 1                  |  | •           |  |
|   | 6. I certify that this Annual Report has b  | Muller Date.       | 8/26/9                                 | 6           |  |
| MATURE OF BUSINES:  | 6. I certify that this Annual Report has be knowledge true dorrect and complete Signature  Name (Typed or NARLY)        | Muller Date.       | 8/26/9                                 | 6           |  |
| MATURE OF BUSINES:  | 6. I certify that this Annual Report has be knowledge true dorrect and complete Signature  Name (Typed or NARLY)        | Muller Date.       | x/26/9<br>Sec/ 1                       | 6           |  |