Take United Liability Company, Arqual Report Form  Return To Secretary of State Room 203, Statehouse P.D. BOX 83720 Boise, ID 83720  ** FIMAL NOTICE ** NO FEE REQUIRED  Name  Name and Addresses of Adamage or Element one  Name  No Fee or P.O. Address  USS USS USS Under The Laws  Of 150  No.: 1038  No.: 1038  Street or P.O. Address  USS USS UD 83703  Signature of the Current Registered Agent (if changed in block 2)  Marky Address  Signature Marky Address  Signature Marky Address  Date 11-493							1004	
Room 203, Statehouse P.D. BOX 83720 HARTY GOLD SMITH Boise, ID 83720-0080 FINAL NOTICE ** 10 FEE REQUIRED BOTSE 10 83703 No.: 1038 Names and Addresses of Domanatics or Dimembers (check one) Name With Cold SMITH GOLD Street or P.O. Address Gity BOTSE 10 83703 No.: 1038 No.: 10	Return To			riyal Raport Form	HABITE	Agent and Offic		
Names and Addresses of Managers of Members (check one)  Name  Withy ColdsMith 4550 W. State Borse ID 83703  Signature of the Current Registered Agent of changed in block 2)  Managers of Members (check one)  Street or P.O. Address  City State Zip  83703  State Do 83703  6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and certekte.  Signature Managers of Members (check one)  State Zip  83703	Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 ** FINAL NOTICE **	MARTY GOLDSMITH ASSO W STATE		3. Organizaci of 11			( <b>3</b>	
ignature of the Current Registered Agent changed in block 2)  6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  Signature Maty Hollsmall Date 11-4-95	A Company of the Comp	4. 人工工程等区域。如此规则是实验的证明。第1、60、40%。40%。41	- 1.7 「こと」 これに 軽流し 第二 本語 八田	te	City PoorSes		ヹ <u>ぃ</u> 837/)~	
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