	#NSTRUC	CTIONS ON REVERSE SIDE	ISSUED: O	6-30-1990)
No. 76422	Idaho Corpora	tion Annual Report Form	2. Registered Agent and Office		
Return To Secretary of State Room 203, Statehouse Boise, ID 83720	Due No Later Than November 1, 1990		JOHN F. PORTER		
	1. Mailing Address — Please Correct		511 SOUTH MAIN STREET		
	JOHN F. PORTER, P.A. JOHN F. PORTER P. O. BOX 459		TROY	ID	83871
			3. Incorporated Under The Laws of		
NO FEE REQUIRED	TROY	ID 83871	NO: 076422		
4. Names and Addresses of Office	ers and Directors				
President: JOHN Secretary: EURIYN Directors: JOHN F	Name E. PORTER S. PORTER . BORTER	Street or P.O. Address P.O. Box 444 P.O. Box 441	City TROY TROY	State ED JD JO	Zip 8337/ 8387/ 8387/
			•		
E.M.:					
5. Nature of Business	6.1 certity th	at this Annual Report has been ex extrand complete.	camined by me and is to the	e best of my kn	owledge
LAW	Signature (Typed a	Jahn Joite	Date	7-17-90	<i>"</i>
	Name (Typed o	LOHN F. POR	TER Title	RESIDI	2 N T

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