No. C 80823		ual Report Form ater Than November 30.	1976	2. Registered Agent and	d Office NOT A	P.O. BOX
Return to: SECRETARY OF STATE	1. Mailing Address - Please Correct, If Not Correct 1. Mailing Address - Please Correct, If Not Correct 1. Mailing Address - Please Correct, If Not Correct 1. Mailing Address - Please Correct, If Not Correct				}	
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	LADIES AUXILIARY TO NAMPA AE ALBERTA ZENOR, SEC 1116 - 14TH AVE S		NAMPA	ID	83651	
* FIRST NOTICE * 4. Corporations: Enter Names and			,	3. Organized Under the	C 808	323
Limited Liability Companies: Enter Office held Name PRESIDENT BETTY		s of U Managers or U reet or P.O. Address 423- WEST HAZE		check one) City CALDWELL	State ID	z ip 83605
SEQETARY C. ALBE	ERTA ZENOR	1116- 14th AVE	. SO.	NAMPA, ID	8	3651
TRUSTEE LAF	RIE RATCLIFF	325 N HAPPY V	ALLEY	RD NAMPA I	D 8	3687
u TH	EDA E. MYERS	1.15 OGDEN #204		NAMPA',	ID 8	3651
n HEI	EN T. WADE	519 - 6th ST.	NO. EX	T., NAMPA	, ID 8	3687
5. NATURE OF BUSINESS FRATERNAL ORGANI	knowle Signati	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				
	Name	Name (Typed or C. ALBERTA ZENOR Title SECRETARY				
ISSUED: 37-06-19	996	15111				
	,					