t 81950	Annual Report Form Due No Later Than November 30, 1996	2. Registered Agent and (Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720	Mailing Address - Please Correct, If Not Correct P & Or INCORPORATED	ROBERT D. F HCR 62, 30)	PLUID X 119
BOISE, ID 83720-0080	ROBERT O. PLUID	MOYIE SPRIM	NG ID 83845
NO FEE REQUIRED	P 0 30X 43	3. Organized Under the L	Laws of:
* FIRST NOTICE *	MOYTE SPRINGS ID 83845	ID	C 81950
	Addresses of President, Secretary and Directors er Names and Addresses of Q Managers or Q Members	(check one)	
Office held Name	Street or P.O. Address	City -	State Zip
Pres Robert D	Phid , KEB Box 119 m	oyie Springs -	Id 83945
C AD Winds	Phid HEB BOX 119 m	oyic springs -	11
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5. NATURE OF BUSINES	6. I certify that this Annual Report has been e knowledge true, correct and complete. Signature	examined by me and is	_ '
	s knowledge true, correct and complete.	•	_ '
NATURE OF BUSINES	s knowledge true, correct and complete. Signature 1019 1010 1010 1010 1010 1010 1010 101	Date	23-96 Rras
NATURE OF BUSINES	S knowledge true, correct and complete. Signature 1619 Robert D. Plus	Date	23-96 Rras