. 51247				TIONS ON REVERSE		ISSUED JULY 1, 2. Registered Agent and		
No.		_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	aho Corporatio	ion Annual Repor	t Form	KAREN WHITE		
Return To Secretary of State Room 203, Statehouse Boise, 10 83720 SEC. OF STATE		Di	ue No Later Thai	n November 1,198	905 WARREN			
		1. Mailin	1. Mailing Address — Please Correct 51247 AMERICAN LEGION AUXILIARY, DEPAR KAREN WHITE 905 WARREN STREET]		
		II				BOISE		ID 8370
		I						
		905 W				3. Incorporated Under TI of IDAHO		
39 32 P 27 M	FP Buff	BOISE		ID	83706		NO:	51247
1. Names and Addre	sses of Offic	ers and Dire	ectors			<u>.</u>		
		Nan	<u>ne</u>	Street or P.O. Ad	<u>ldress</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President: M	Myrle St	.eele		P.O. Box 1	0.24	Soda Spring	s ID	83276
Secretary: K Directors:	Karen Wh	ite	4.4277	905 Warren	Street	Boise	ID	83706
	A contract of	and the second	* \$ *	÷ .		en e		
Property of the second	$\{(\gamma_1,\gamma_2,\ldots,\gamma_n)\}$		The second second					* **
		1	A Company of the Comp			•		¥
5. Nature of Business			6. I certify that true, correct	t this Annual Report I t and complete.	has been exam	nined by me and is to the l	oest of my l	knowledge
Veterans Affairs		,	Signature		utes	_{Date} Se	ptembe	r 14, 1
			(Tunnel or	Karen White			·· · · · · · · · · · · · · · · · · · ·	retary