		al Report Form - Per Than November 30,	, , , ,	tered Agent and Offic		P.O. BOX
SECRETARY OF STATE	. Mailing Address - Plea	se Correct, If Not Correct		SCHAEFF		ST
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	DAN SCHAEFFER RT. 2, BOX 2714 1695 2800 E		E PAU	Lized Under the Law		83347
* FIRST NOTICE *	PAUL	ID 83347:		ID	C 959	82
Corporations: Enter Names and A Limited Liability Companies: Enter	Names and Addresses	of Managers or M	embers (check o	ne)		,
Office held Name		et or P.O. Address	<u>Cir</u>	Y Stat	Ē	Zip
Pres Dan Sch Secretary Tami S	nce ther	same as abov	e			
5. NATURE OF BUSINESS	knowled	that this Annual Report has	s been examines	d by me and is to	the best	of my
NATURE OF BUSINESS	knowled	ge true, correct and comple	s been examined ete. #	d by me and is to	_	of my
NATURE OF BUSINESS	knowled Signatur Name (F)	ge Irue, correct and comple Conqua Schoo	ete.	_	1-96	
NATURE OF BUSINESS	knowled Signatur Name (F)	ge Irue, correct and comple Langua Schao	ete. Har	Date <u>8 - 10</u>	1-96	
FARM	knowled Signatur Name (F)	ge Irue, correct and comple Langua Schao	ete. Har	Date <u>8-10</u> Title SICTE	1-96	