

98748

No.	Idaho Corporation Annual Report Form Due No Later Than November 1, 1992		2. Registered Agent and Office NOT A P.O. BOX																								
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address — <i>Please Correct, If Not Correct</i>		LISTER LEAVITT 1105 NORTH 27TH BOISE ID 83702																								
	LISTER'S AUTOBODY REPAIR, INC. LISTER LEAVITT 1105 NORTH 27TH BOISE ID 83702 0000		3. Incorporated Under The Laws of ID NO: 98748																								
4. Names and Addresses of Officers and Directors																											
<table border="1"> <thead> <tr> <th data-bbox="28 359 409 444"></th> <th data-bbox="409 359 723 444"><u>Name</u></th> <th data-bbox="723 359 1062 444"><u>Street or P.O. Address</u></th> <th data-bbox="1062 359 1301 444"><u>City</u></th> <th data-bbox="1301 359 1450 444"><u>State</u></th> <th data-bbox="1450 359 1614 444"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="28 444 409 487">President:</td> <td data-bbox="409 444 723 487">Lister Leavitt</td> <td data-bbox="723 444 1062 487">2120 N 32</td> <td data-bbox="1062 444 1301 487">Boise</td> <td data-bbox="1301 444 1450 487">ID</td> <td data-bbox="1450 444 1614 487">83703</td> </tr> <tr> <td data-bbox="28 487 409 529">Secretary:</td> <td data-bbox="409 487 723 529">Lynda Leavitt</td> <td data-bbox="723 487 1062 529">2120 N 32</td> <td data-bbox="1062 487 1301 529">Boise</td> <td data-bbox="1301 487 1450 529">ID</td> <td data-bbox="1450 487 1614 529">83703</td> </tr> <tr> <td data-bbox="28 529 409 838">Directors:</td> <td colspan="4" data-bbox="409 529 1614 838">same</td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Lister Leavitt	2120 N 32	Boise	ID	83703	Secretary:	Lynda Leavitt	2120 N 32	Boise	ID	83703	Directors:	same			
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Secretary:	Lynda Leavitt	2120 N 32	Boise	ID	83703																						
Directors:	same																										
5. Nature of Business <i>Auto Repair and Painting</i>	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 <i>Lynda L. Leavitt</i> Name <small>(Typed or Printed)</small> <i>Lynda L. Leavitt</i>		Date <i>7-8-92</i> Title <i>Secretary</i>																								