

No. W 2044 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	Annual Report Form Due No Later Than November 30, 1997 1. Mailing Address - Please Correct, If Not Correct MALLARD, LLC JOHN T KALANGE 136 MALLARD BOISE ID 83706	2. Registered Agent and Office NOT A P.O. BOX JOHN T KALANGE 671 E RIVER PARK LN ST 136 E. MALLARD DR. BOISE ID 83706 3. Organized Under the Laws of: ID W 2044																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Office held</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or P.O. Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Zip</th> </tr> </thead> <tbody> <tr> <td>MANAGER</td> <td>JOHN T. KALANGE</td> <td>136 E. MALLARD</td> <td>BOISE</td> <td>ID</td> <td>83706</td> </tr> <tr> <td>MANAGER</td> <td>JAMES A. BORCZYKA</td> <td>144 E. MALLARD</td> <td>BOISE</td> <td>ID</td> <td>83706</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	MANAGER	JOHN T. KALANGE	136 E. MALLARD	BOISE	ID	83706	MANAGER	JAMES A. BORCZYKA	144 E. MALLARD	BOISE	ID	83706
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5. SIGNATURE OF CURRENT RA	6. <table style="width: 100%;"> <tr> <td style="width: 60%;">Signature <u>John T. Kalange</u></td> <td style="width: 40%;">Date <u>7/11/97</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>JOHN T. KALANGE, DDS</u></td> <td>Title _____</td> </tr> </table>		Signature <u>John T. Kalange</u>	Date <u>7/11/97</u>	Name (Typed or Printed) <u>JOHN T. KALANGE, DDS</u>	Title _____														
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ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

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