No. C 63889		Annual Report Form Due No Later Than November	₃₀ 1999	2. Registered .	Agent and Office	NOT A P.O. BOX
Return to: SECRETARY OF STAT 700 WEST JEFFERSON PO BOX 83720	E 1 Mailing Ad ORMONI	dress - Please Correct, If Not Co Builders, Inc.		DON ORMOND 1084 NORTH SKYLINE		
NO FEE REQUIRED	P.O.	RMOND Box 1814		IDAHO	FALLS I	0 83402
			į.	3. Organized l	Under the Laws of	i:
* FIRST NOTE Corporations: Enter N	CE * IDAHO	FALLS ID 8	3403 1814	10	۴	63889
 Limited Liability Com 	lames and Business Addr nanies: Enter Names and	esses of President, Secretary a Addresses of Managers or	nd Directors			7,000,0
Office held		Addresses of U Managers or	☐ Members (c	:heck one)		
	<u>Name</u>	Street or P.O. Address		City	State	Zip
President	DON ORMOND	POB 1814	Idaho	Falls,	ID.	83403
Secretary	CATHY ORMOND	POB 1814		Falls,	ID.	83403
Directors:	DON ORMOND	POB 1814	Tdaka	10 - 11 -		
	H. LYNN BECK	POB 1814		Falls, Falls,	ID ID	83403 83403
Signature of New Re	egistered Agent	i. ()			1000
	1	Signature	- many	Dat	e <u>July 20,</u>	1999
		Name (Typed or Printed) DON OR	MOND	Title	<u>Preside</u>	nt ,
ISSUED: 07	'-03-1999				9198	
en e		more personal and the second s	e e jarin ja			