No. W 39	13	Annual Re	port Form	1999	2. Registered Ager		
Return to: SECRETARY OF S 700 WEST JEFFER PO BOX 93720 BOISE, ID 83720-0 NO FEE REQUIR * FIRST NO L. Corporations: En	SON M 080 ED P TICE * I ter Names and Busine	iling Address - Please Co OUNTAIN RIVER OO STEPHEN E. MA COXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	T D 全域域 T Secretary and	NT, L OXK 8340 Directors	425 S H IDAHO F. 3. Organized Under	ALLS ID	. •
Office held	Name		P.O. Address	☐ Members	(check one)	<u>State</u>	<u>Zip</u>
Manager	The Manag	425 S.	: Address: Holmes Ave	enue, Id	aho Falls,	ID 83401	
			-	laho Fal	ls, ID 8340	3-3189	
	w Registered Agen	t 6. Signature Name (Typed or Printed)	STEPHEN I	MARTI	Date _	7-12-9 agent	79
ISSUED:	07-03-1999					1735	