

No. 19067

Idaho Corporation Annual Report Form

Due No Later Than November 1, 1991

2. Registered Agent and Office NOT A P.O. BOX

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 837201. Mailing Address: *Please Correct If Not Correct*WILDERNESS RIVER OUTFITTERS
FRANCES TONSMEIRE
P. O. BOX 871JOSEPH L. TONSMEIRE
HIGHWAY 28 - HAYDEN CREEK

SALMON ID 83467

3. Incorporated Under The Laws
of ID

NO: 049067

NO FEE REQUIRED

SALMON

ID 83467

4. Names and Addresses of Officers and Directors

NameStreet or P.O. AddressCityStateZipPresident:
Secretary:
Directors:

<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Joe Tonsmeire	Box 871	Salmon	ID	83467
Fran Tonsmeire	"	"	"	"

5. Nature of Business

Recreational Outfitter

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

Name

(Typed or
Printed)

Date

Title

Signature: *Joe Tonsmeire* Date: *9-6-91*
 Name: *Joe Tonsmeire* Title: *Secretary*