| | | | INSTR | UCTIONS OF | N REVERSE SIDE | TSSHERE IV. | 44 | | |
|--|-----------------|--|--|----------------------------------|------------------------|------------------------|---|--|--|
| No. 101182 Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED | | Idaho Corporation Annual Report Form Due No Later Then November 1, 1993 1. Mailing Addings 178 1994 1995 1996 1997 | | | | 2. Registered Agent an | 2. Registered Agent and Office NOT A P.O. BOX ROBERT L. SLOAN 10089 SKYCLIFFE AVE | | |
| | | | | | | | | | |
| | | | | | | I DOSA SKACET | | | |
| | | ROB | ERT L. | NE COMPANY Sloan Liffe ave | | BOISE | ID | 83704 | |
| | | 100 | 89 SKYC | | | | 3. Incorporated Under The Laws | | |
| | | BOISE | | ID 83704 | | of ID NO: 101182 | 1 10 | | |
| 4. Names and Addres | sses of Officer | s and Dire | ctors | M | UST BE PRINTED | OR TYPED | | —————————————————————————————————————— | |
| | | Na | me | <u>Str</u> | eet or P.O. Address | City | State | Zio | |
| President: Secretary: Directors: | | | SLOAN SLOAN | | SKYCLIFFE skycliffe | BOISE, boise, | ID id | 8 % 704 83704 | |
| 5. Nature of Business WINDOW CL | | | 6. I certify true, cor Signature Name (Type Prints | L-WU | nual Report bas been e | Date 8 | best of my k | knowledge | |