Vo. C112535		Annual Report Form Due No Later Than November 3	30, 1996	2. Registered Aged		OT A P.O. BOX
Return to: SECRETARY OF STAT	Έ	g Address - Please Correct, If Not Cor	rect	R E RAYE 113 MAIN	BORN LAVE W	STE 30
700 WEST JEFFERSO PO BOX 83720 BOISE, ID 83720-0080	"	1270 00.	*	ST INTERS		NK BLDG 83301
NO FEE REQUIRED	1 51 5	BLUE LAKES BLVD V	#1273	3. Organized Unde	er the Laws of:	
* FIRST NOTE	CE * TWI	N FALLS ID 33	301	ID	C11	2535
		es of President, Secretary and Dire and Addresses of Q Managers or	ectors Members	(check one)		
Office held	<u>Name</u>	Street or P.O. Address		City	State	Zio
President La	awrence C. Joh	nson 616 Blue Lakes l	Blvd N #12	270 TF	ID	83301
Secretary S	tephanie s. Jo	hnson 616 Blue Lakes I	R1va N #13	270 TF	TD	83301
booledary 5	1				***	
		6. I certify that this Annual Rep	og/ft has been	examined by me	and is to the	best of my
	JSINESS	6. I certify that this Annual Rep	og/ft has been	examined by me	and is to the	best of my
NATURE OF 3	JSIVESS TION	6. I certify that this Annual Re	og/ft has been	examined by me	and is to the	best of my