O. 6 93543		Report Form	2. Registered Agen	t and Office NOT	LA P.U. BUX	
eturn to: SECRETARY OF STATE 700 WEST JEFFERSON	Due No Later Than November 30, 1. Mailing Address - Please Correct, If Not Correct			DENNIS FRANSON 104 BROOK DRIVE		
PO BOX 83720 BOISE, ID 83720-0080	9 0 30X 156		э́ЛнГ	10	83316	
NO FEE REQUIRED	- 0 30% 100		3. Organized Unde	3. Organized Under the Laws of:		
FIRST NOTICE *	3UAL	ID 53315	ID	C 90	<u> </u>	
Corporations: Enter Names and Limited Liability Companies: Ent			ers (check one)		:	
Office held Name		or P.O. Address	City	<u>State</u>	<u>Zip</u>	
hes, UP Director Den	nis Franson 10	4 Brook Dr.	Buch/	IO.	83316	
Sec-mutur Kar	en Franson	Sand		,		
	6. I certify the	Sanso	en examined by me	and is to the b	est of my	
Sec- mader Kar	6. I certify the knowledge	at this Annual Report has be true, correct and complete.	, ,	_	,	
	6. I certify the knowledge Signature	at this Annual Report has be	Date _	7-20-9		
NATURE OF BUSINES	S 6. I certify the knowledge Signature . PMENT Name (Typed Printed)	at this Annual Report has be true, correct and complete.	Date _	7-20-9	,	
MATURE OF BUSINES	S 6. I certify the knowledge Signature . PMENT Name (Typed Printed)	at this Annual Report has be true, correct and complete.	Date _	7-20-9 Pres		
NATURE OF BUSINES	S 6. I certify the knowledge Signature . PMENT Name (Typed Printed)	at this Annual Report has be true, correct and complete.	Date _	7-20-9 Pres	,	