No. C102783	Annual Report Form Due No Later Than November 30,	2. Registered Agent a	and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct	YVONNE D	
	AFFORDABLE WINDOW FASHIONS, YVOUNE D GLACKIN 3439 SELWAY DR	LEWISTON	.WAY DR ID 83501
* FIRST NOTICE *	LEWISTON ID 83511	3. Organized Under t	ne Laws of:
Corporations: Enter Names and Limited Liability Companies: Ente	Addresses of President, Secretary and Directors or Names and Addresses of Managers or Members ((check one)	
			.
Office held Name OPECIDENT VIOLEN	Street or P.O. Address	City -	<u>State</u> <u>Zip</u>
PRESIDENT YUDAK	DE D. GLACKIN 3439 SELWAY DR	LEWISTON	State Zip 10 8350/
PRESIDENT YUDDA	Street or P.O. Address JE D. GLACKIN 3439 SELWAY DR J. GLACKIN 3439 SELWAY DR	LEWISTON	State Zip 10 8350/ 10 8350/
PRESIDENT YUDDA	DE D. GLACKIN 3439 SELWAY DR	LEWISTON	State Zip 10 8350/ 10 8350/
PRESIDENT YUDDA	DE D. GLACKIN 3439 SELWAY DR	LEWISTON	State Zip 10 8350/ ID 8350/
PRESIDENT YUDDA	DE D. GLACKIN 3439 SELWAY DR	LEWISTON	State Zip IO 8350/ ID 8350/
PRESIDENT YUDDA	DE D. GLACKIN 3439 SELWAY DR.	LEWISTON LEWISTON	ID 8350/
PRESIDENT YUDDA	D. GLACKIN 3439 SELWAY DR. J. GLACKIN 3439 SELWAY DR. 6. I certify that this Annual Report has been ex	LEWISTON LEWISTON	ID 8350/
PRESIDENT YUDDA SECRETARY ROBERT NATURE OF BUSINESS	6. I certify that this Annual Report has been expressed true, correct and complete. Signature frome D. Machin	EWISTON LEWISTON xamined by me and	ID 8350/
PRESIDENT YUDDK SECRETARY ROBERT	6. I certify that this Annual Report has been expressed true, correct and complete. Signature frome D. Machin	EWISTON LEWISTON xamined by me and	ID 8350/
PRESIDENT YUDDA SECRETARY ROBERT	6. I certify that this Annual Report has been expressed true, correct and complete. Signature from D. Machin Name (Typed or YUDNNE D. GLACK)	(Ewiston) $LEwiston$ A	ID 8350/