

No. <b>C 83111</b>	<b>Annual Report Form</b> Due No Later Than November 30, 1997	2. Registered Agent and Office NOT A P.O. BOX <b>JOHN W BURKE</b> <b>930 PRESTON AVENUE</b>  <b>LEWISTON ID 83501</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>** FINAL NOTICE **</b>	1. Mailing Address - Please Correct, If Not Correct  <b>SERVICEMASTER OF LEWISTON-CL</b> <b>JOHN W BURKE</b> <b>930 PRESTON AVENUE</b>   <b>LEWISTON ID 83501</b>	3. Organized Under the Laws of:  <b>ID C 83111</b>
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>
<u>President</u>	<u>John W. Burke</u>	<u>930 Preston Ave</u>
<u>Secretary</u>	<u>Janie E. Burke</u>	<u>930 Preston Ave</u>
	<u>City</u>	<u>State</u>
	<u>Lewiston</u>	<u>ID</u>
	<u>Lewiston</u>	<u>ID</u>
	<u>Zip</u>	<u>83501</u>
	<u>83501</u>	
5.	6.	
	Signature <u>Janie E Burke</u> Date <u>10-28-97</u>	
	Name (Typed or Printed) <u>JANIE E BURKE</u> Title <u>Secretary</u>	

ISSUED: 10-04-1997

↓ DO NOT TAPE OR STAPLE ↓

4162