	INSTRUCTIONS ON REVERSE SIDE	The state of the s
No.105114	Idaho Corporation Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX
Return To	Due No Later Than November 1,	KEITH V PAPRY 805 BLUE LAKES BLVD NORTH
Secretary of State Room 203, Statehouse Boise, ID 83720	1. Mailing Address — Please Correct, If Not Correct	
	PARRY'S DAIRY QUEEN, INC. KEITH N PARRY	TWIN FALLS ID 83301
١	N 835 BLUE LAKES BLVD WORTH	3. Incorporated Under The Laws
** FINAL NOTICE **	A	of 13
NO FEE REQUIRED	TWIN FALLS TO 83301	NO: 105114
4. Names and Addresses of Officer	rs and Directors MUST BE PRINTED	OR TYPED
	Name Street or P.O. Address	<u>City</u> <u>State</u> <u>Zip</u>
President:	eith N. Parry 1154 Junij Ethel Parry "Same	per N TwinFalls ID 8339
Secretary:	Ethel Pairy "	" a a
Directors:	Sauce	
	Same	
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5. Nature of Business	6. I certify that this Annual Report has been ex	kamined by me and is to the best of my knowledge
- , - ,	true, correct and complete.	11/./2/
Fast Food	Signature Cith Warry	Date //6/94
	Name (Typed or Printed)	Title OWNer

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