No. C 88393

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

**NO FEE REQUIRED**

* FIRST NOTICE *

# Annual Report Form

*Due No Later Than November 30,* 1996

**1. Mailing Address - Please Correct, If Not Correct**

ORE ASSOCIATES, INC.
TOM ORE
1635 CITY CREEK RD.

POCATELLO ID 83204

**2. Registered Agent and Office NOT A P.O. BOX**

TOM ORE
1635 CITY CREEK RD.

POCATELLO ID 83204

**3. Organized Under the Laws of:**

ID C 88393

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of ❑ **Managers** or ❑ **Members** (check one)

| Office held | Name | Street or P.O. Address | City | State | Zip |
|---|---|---|---|---|---|
| PRESIDENT | H. THOMAS ORE | 1635 City Cr | Pocatello | ID | 83204 |
| SECY | P.B. LEWIS | 845 W. CENTER | " | " | " |
| DIRS. | PK LINK | 314 SKYLINE | " | " | " |
| | D.W. RODGERS | 424 S. 7th | " | " | 85201 |
| | S.S. HUGHES | 5948 Hilo Dr | " | " | 83204 |
| | M. McCURRY | 1738 TERRY | " | " | 83201 |

5. NATURE OF BUSINESS
GEOL. CONSULTING; COUNSELING
~~TRAVEL COUNSEL~~

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature T. ORE Date 7-18-96

Name (Typed or Printed) T. T. ORE Title PRES.

ISSUED: 07-06-1996

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