No. C 5372	Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX	
Return to: SECRETARY OF STATE	Due No Later Than November 30, 1. Mailing Address - Please Correct, If Not Correct	CARMA H SMTTH	
700 WEST JEFFERSON PO BOX 83720	TWENTIETH CENTURY CLUP	357 BLUE LAKES	01# N
NO FEE REQUIRED	P U BOX 632	TWIN FALLS ID	83301
* FINAL NOTICE **	TWIN FALLS TO 63303 0633	3. Organized Under the Laws of:	
Corporations: Enter Names and	I IWIN FALLS ID 03303 0633 Business Addresses of President, Secretary and Directors er Names and Addresses of ☐ Managers or ☐ Members	<u> </u>	3872
			<u>Zip</u>
President Mafin	Machamer Street or P.O. Address Machamer 833 El Monte & Smith 357 Blue Laker N#10 Rider 291 Fillmere	win Falls Id	83301
Georetary Wills	Discho 357 Blue Lakey N "10		
Milla Willa	lider 241 Fillmore	"	
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	Signature Cama H. Am	the ulas	i
		Th Date 11/7/97	
- ISSUED: 10-04-19	Name Printed Carma H Smi	th Title Sec. + A	(gent)
100020. (0-04-)	√ CDO NOT TAPE OR STAPLE >	1433	<u> </u>
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