		Report Form 19 Than November 30,	2. Registered Ager	nt and Office NOT A P.O. BOX \ PFS	Ì
Return to: SECRETARY OF STATE	1. Mailing Address - Please		3510 LA		
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	JIM KOPPES T JIM KOPPES 3812 Summers	RUCKING, INC.	BOISE	ID 83703	
NO FEE REQUIRED			3. Organized Unde	er the Laws of:	1
** FINAL NOTICE **	BOISE	ID 83709	ID	C 90927	
<ol> <li>Corporations: Enter Names and Limited Liability Companies: Enter</li> </ol>			bers (check one)		i
Office held Name	Street	t or P.O. Address	City	<u>State Zip</u>	
Office held Name President JANNA Secretary Tresumer V	es Koppes 3	3812 Summercet 4	by Boise	Id 8.3709	
	MADIA KOPPOS	. 3812 Summer	sitular Bois-0	Id 83709	j.
Decretary Tresumer V.	VIALIN		• 1		
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<sup>5.</sup> NATURE OF BUSINES		nat this Annual Report has be e true, correct and complete		. /	h h
NATURE OF BUSINES		e true, correct and complete	ffes Date _	10/25/94	
<sup>5.</sup> NATURE OF BUSINES TRUCKING	s knowledg Signature	e true, correct and complete	ffes Date _	. /	
NATURE OF BUSINES	knowledge	e true, correct and complete	ffes Date _	10/25/94	
TRUCKING	s knowledg Signature	e true, correct and complete	ffes Date _	10/25/94	
TRUCKING	s knowledg Signature	e true, correct and complete	ffes Date _	10/25/94	
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