| Return To Selftery of State Sporm 203. Statehouse Bohs JD 83729 LINDA GULICK  1. Mailing Address - Please Correct 1. Mailing Address - Ple | No. 362338                       | Idaho Corpora  | Idaho Corporation Annual Report Form  Due No Later Than November 1, 1987 |                                       |  |        |  |
|--|----------------------------------|--|--|---------------------------------------|--|--------|--|
| Street or P.O. Box 9091  President: Linda Gulick P.O. Box 9091  Secretary: Directors:  Directors:    Directors   D |                                  | Due No Later Th  |  |                                       |  |        |  |
| ## Street or P.O. Address    A. NamePand Addresses of Officers and Directors   Name   Street or P.O. Address   City   State   OCT_p15 193  | Sedistary of State               | 1. Mailing Address — Please Correct 062018   |  |                                       |  |        |  |
| ## Street or P.O. Address    A. Name and Addresses of Officers and Directors   Name   Street or P.O. Address   City   State   OCT_p15 193  | Sporm 203, Statehouse            | ***  |  | =                                     | AMO                                      |        |  |
| 4. Name and Addresses of Officers and Directors  Name Street or P.O. Address  President: Linda Gulick  P.O. Box 9091  Moscow, Idaho  83501  5. Nature of Business  City  State  OCT_p15 193  6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  Pizza Shop  Octive that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  Signature  Name Octive  Signature  City  State  OCT_p15 193  Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  Signature  Name Octive  Name Octive  Signature  Name Octive  Name Octive  Title  Persident  Title  | воме, чо 837,29 <sub>F</sub>     | LINDA GULICK<br>BOX 9091   |  |                                       |  |        |  |
| 4. Names and Addresses of Officers and Directors  Name  Street or P.O. Address  City  State  OCT_in 15 193  President: Linda Gulick  P.O. Box 9091  Moscow, Idaho 83501  Secretary: Directors:  5. Nature of Business  Pizza Shop  Signature  Signature  Linda Gulick  P.O. Box 9091  Moscow, Idaho 83501  Secretary: Directors:  City  State  OCT_in 15 193  Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  Pizza Shop  Signature  Name (President)  Signature  Linda Gulick  Date  PESSIGE T  | 97 OCT 15                        |  |  | · · · · · · · · · · · · · · · · · · · | er The Laws                              |        |  |
| 4. Names and Addresses of Officers and Directors  Name  Street or P.O. Address  City  State  OCT_in 15 193  President: Linda Gulick  P.O. Box 9091  Moscow, Idaho 83501  Secretary: Directors:  5. Nature of Business  Pizza Shop  Signature  Signature  Linda Gulick  P.O. Box 9091  Moscow, Idaho 83501  Secretary: Directors:  City  State  OCT_in 15 193  Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  Pizza Shop  Signature  Name (President)  Signature  Linda Gulick  Date  PESSIGE T  | 15 AM 10-03                      |  |  | Of                                    |  |        |  |
| 4. Name and Addresses of Officers and Directors  Name Street or P.O. Address City State OCT_215 199  President: Linda Gulick P.O. Box 9091 Moscow, Idaho 83501  Secretary: Directors:  5. Nature of Business  Pizza Shop  6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  Pizza Shop  Signature Linda Gulick P.O. Box 9091 Moscow, Idaho 83501  6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  Pizza Shop  Signature Linda Gulick Date 10 - 7 - 8 7  Name Transfer College True Title Pessias 7   |                                  | in the state of th | in <b>ul</b>   | STATE OF                              | TOAHO ENT                                | ERE    |  |
| President: Linda Gulick  P.O. Box 9091  Moscow, Idaho 83501  Secretary: Directors:   5. Nature of Business  Pizza Shop  G. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  Signature  Signature  Signature  Signature  Americani  Marke Princed:  Signature  Title  President:  Title  Title | 4. Names and Addresses of Office |  |  |                                       |  | 1      |  |
| Secretary: Directors:  5. Nature of Business  6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  Pizza Shop  Signature  Pizza Shop  Name (Pizza Shop)  Name (Pizza Shop)  Signature  Pizza Shop  Name (Pizza Shop)  Name (Pizza Shop)  Signature  Pizza Shop  Name (Pizza Shop)  Name (Pizza Shop)  Name (Pizza Shop)  Name (Pizza Shop)  Signature  Pizza Shop   |                                  | Name   | Street or P.O. Address   | City                                  | $_{	ext{State}}$ $0$ C $	au_{	ext{Zip}}$ | 15 193 |  |
| Pizza Shop  Signature Name (Typed or Printed)  Title PRS 108 17  | Secretary:                       | Gulick   | P.O. Box 9091  | Moscow,                               | Idaho 835                                | 501    |  |
| Name (Typed or Printed)  Name (Printed)  Title PRESIGE 7   |                                  | 6. I certify th true, corre  | at this Annual Report has been ex<br>oct and complete.                   | amined by me and is to                |  | dge    |  |
|  | Pizza Shop                       |  |  |                                       |  |        |  |
| 10000400 / 0505  |                                  |  |  |                                       | PRESIDE 'T                               |        |  |
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