

## INSTRUCTIONS ON REVERSE SIDE

No. 26126	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1991		2. Registered Agent and Office NOT A P.O. BOX LEO R. MARSHALL 605 LOMBARD SALMON ID 83467																																					
Return To Secretary of State Room 203, Statehouse Boise, ID 83720  NO FEE REQUIRED	1. Mailing Address: <i>Please Correct If Not Correct</i>		3. Incorporated Under The Laws of ID NO: 086126																																					
	ADCO, INC. LEO R. MARSHALL 605 LOMBARD  SALMON ID 83467																																							
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Leo R. Marshall</td> <td>605 Lombard</td> <td>Salmon</td> <td>ID</td> <td>83467</td> </tr> <tr> <td>Secretary:</td> <td>Verla L. Marshall</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td>Jennifer Marshall</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Urian Marshall</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Anthony Marshall</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	Leo R. Marshall	605 Lombard	Salmon	ID	83467	Secretary:	Verla L. Marshall					Directors:	Jennifer Marshall						Urian Marshall						Anthony Marshall				
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5. Nature of Business Family		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td>Signature</td> <td>Leo R. Marshall</td> <td>Date</td> <td>7-13-91</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Leo R. Marshall</td> <td>Title</td> <td>President</td> </tr> </table>			Signature	Leo R. Marshall	Date	7-13-91	Name (Typed or Printed)	Leo R. Marshall	Title	President																												
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