Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE * SPOKANE WA 99233 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 1. Mailing Address - Please Correct, If Not Correct 2160 FOREST GLEN BLVD 2160 FOREST GLEN BLV	No. ¢1342	5 2		eport Form 19	2. Registered Agent		OT A P.O. BOX	
PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE * SPOKANE WA 9°233 WA C104252 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 Secretary A Director OTRECTOR TERECA L KATO NATURE OF BUSINESS GENERAL CONTRACTOR MARK J CATO Title Press Name (Typed or MARK J CATO) Title Press Title Press MARC J CATO MARK J CATO	SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED					KEITH DIBROWN 2160 FOREST GLEN BLVD		
* FIRST NOTICE * SPOKANE WA 90233 W4 C104252 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 MARK J KATO N. 13205 WASh CT Spokane WA 99218 Secretary A Director NATURE OF BUSINESS GENERAL CONTRACTOR Name (Typed or Printed) Name (Typed or Printed) MARK J KATO Title			MARK J KATO		POST FAL	POST FALLS ID 8385		
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 City State Zip City State Zip City State State Zip State State Zip State State State Zip State State State Zip City State State Zip City State State Zip State Sta					3. Organized Under	3. Organized Under the Laws of:		
Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one) Office held Name Street or P.O. Address City, State Zip PRARK J KAFO N. 13205 WASh CT Spokene WA 99218 Secretary A Director OTRECTOR TERECA L KAFO (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 Name (Typed or MARK J. KAFO Title Pres) Name (Typed or MARK J. KAFO Title Pres)			SPOKANE	WA 99203	Wa	010	34252	
NATURE OF BUSINESS GENERAL CONTRACTOR 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 Name (Typed or MARK J. KATO Title Press.)	•			•	bers (check one)			
NATURE OF BUSINESS GENERAL CONTRACTOR 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 Name Printed	Office held	Name	Street or	P.O. Address	City	State	Zip	
NATURE OF BUSINESS GENERAL CONTRACTOR 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 Name (Typed or MARK J. KATO Title Press.)	President, Secretary and Director	MARK	J KATO N. 13.	ZUST WASh ET	Spokane	WA	99218	
Signature Signature NATURE OF SUSINESS knowledge true, correct and complete. Signature Name (Typed or MARK J. KATO Title Correct and complete.) Title Correct and complete. Signature Name (Typed or MARK J. KATO Title Correct and complete.)							// 	
Name (Typed or MARK J. KATO Title	NATURE OF	BUSINES	6. I certify that is knowledge to Signature	this Annual Report has bure, correct and complete	een examined by me a	ind is to the	best of my	
ISSUED: 37-05-1995 3331	GENERAL	CONTRAC	TOR Name (Typed or Printed)	MARK J. 1	<#70 Title _	Pres		
	ISSUED:	37-06-1	995			3331		