

No. <b>C 59050</b>	<b>Annual Report Form</b> 1995 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>  <b>STEVEN ORME</b> <b>460 PARK AVE</b>  <b>IDAHO FALLS ID 83401</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct  <b>PIONEER BOOK STORE, INCORPOR</b> <b>STEVEN ORME</b> <b>P O BOX 2124</b>		3. Organized Under the Laws of:  <b>ID</b> <b>C 59050</b>	
<b>* FIRST NOTICE *</b> <b>IDAHO FALLS</b> <b>ID 83403 2124</b>				
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u> <u>Zip</u>
President	Steven Orme	1055 North Crimson Drive	Idaho Falls	Idaho 83401
Secretary	Lisa C. Orme	1055 North Crimson Drive	Idaho Falls	Idaho 83401
Directors	Steven Orme	1055 North Crimson Drive	Idaho Falls	Idaho 83401
	Lisa C. Orme	1055 North Crimson Drive	Idaho Falls	Idaho 83401
5. <b>NATURE OF BUSINESS</b>  <b>BOOKS AND ART SUPPLIES</b>		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 <u><i>Steven J. Orme</i></u> Date <u>8-20-96</u> Name (Typed or Printed) <u>STEVEN J. ORME</u> Title <u>President</u>		

ISSUED: 07-06-1996

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