No. C 121646	Due no later than Nov 30, 2000	
Return to:	Annual Report Form	2. Registered Agent and Office NO PO BOX
SECRETARY OF STATE	Mailing Address - Correct in this Is.	A GLENN MABILE
700 WEST JEFFERSON		45 PINE CT
PO BOX 83720	A GLENN MABILE	1
BOISE, ID 83720-0080	45 PINE CT	POST FALLS, ID 83854
NO FILING FEE IF	POST FALLS, ID 83854	
RECEIVED BY DUE DATE	1 301 1 ALLS, ID 83854	3. New Registered Agent Signature
4. Corporations: Enter No.		
o o porations. Enter Name	es and Business Addresses of President, Secreta	Di and Dinast
Office held Name	Street or P.O. Address	y and Directors.
PRESIDENT A CLARKE	Oity	<u> </u>
LOIRECTOR)	MBILE 45 PINE CT POSTA	FALLS ID 83854
SOCRETORY NANCY JA	M MABILE 45 PINE CT. POST	FALLS \$0 83854
	L. MABILE 903 CAROLE CT. VIEW	
DIRECTOR ALMA	J. MABILE 903 CAROLE CT. VI	
5. Organized Under the Laws of:	PS CARDLE CI. VI	ENNE NA 32-180
organized Orider the Laws of:	6.	1
IDAHO	Signature	11 - 6 -
C 121646		Date
	Name (Typed or A. GLENN MAR	Title: PRESIDENT
Issued 09/04/2000	Do Not Tape or Staple	XVIDE _PRESTURN