| No. | | Idaho Corporation Annual Report Form | | 2. Registered Agent and Office NOT A P.O. BOX | | | |
|---|-----------------|--|---|---|-----------------------------------|-----------------|--|
| Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED | | Due No Later Than November 1, 1992 1 Mailing Address: Please Correct, If Not Correct ARAVE CEDAR COMPANY JOHN GOFFINET P. 0. BOX 629 | | | JOHN GOFFINET 125 FIRST STREET | | |
| | | | | OROFINO 3. Incorpogated Under | IO | 83544 | |
| | | OROFINO | ID 83544 0000 | of NO: 60580 | of | | |
| . Names and Addre | esses of Office | | | | | | |
| | | <u>Name</u> | Street or P.O. Address | City | <u>State</u> | <u>Zip</u> | |
| President: Secretary: | | S ARAVE TTA ARAVE | 1410 12TH AVE | LEWISTON | ID " | 83501 " | |
| Directors: | | S ARAVE TTA ARAVE | 11 11 | *** | 11 | 88 57 | |
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| 5. Nature of Business HAULING SAND & GRAVEL | | | nat this Annual Report has been ex ect and complete. | • | _ | ,a ^t | |
| | | Signature Name (Typed in Printed) | Venice Cla | | BSIDENT | - ラス | |

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