	INSTRUC	TIONS ON REVERSE SIDE	<u>-::::::::::::::::::::::::::::::::::::</u>	T-13-1995-149-7	***	
No. 1 7 4 5 4 1 Return To		ntion Annual Report Form	2. Registered Agent and Office NOT A PO BCX JOHN M ROBINSON			
	1. Mailing Address — Please Correct, If Not Correct		755 TERRACE DRIVE			
Secretary of State Room 203, Statehouse Boise, ID 83720	IMAGINATIVE TECHNOLOGY APPLICAT		IDAHO FALLS ID 83402			
	PO BOX 51626	PO BOX 51626		3. Incorporated Under The Laws		
** FINAL NOTICE **			of ID			
NO FEE REQUIRED	IDAHO FALLS	ID 33405 1626	No: 104541			
4. Names and Addresses of Officers	s and Directors	MUST BE PRINTED O	H TYPED			
	Name	Street or P.O. Address	City	State	50-0-0-0 <u>Zip</u>	
President: JOHN M ROI Secretary: ROBERT L. Directors:		755 TERRACE DR 1728 CORONADO	Idaho Falls 109Ho Falls	±0	8340Z 8340Y	
BHU BRINSON RIGHT L BROWN						
5. Nature of Business ENERGY TECHNOLOGY OF USE OFFICE	ENT true, corre	at this Annual Report has been examet and complete.	nined by me and is to the	best of my k	nowledge	
	Name (Typed or Printed)	Name (Typed or Printed)		Title VICE MASIDENT		
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