SECRETARY OF STATE TOO WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FEE REQUIRED  * FINAL NOTICE ** POST FALLS ID 53.54  Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of I Managers or Members (check one)  Office held  Name  Street or P.O. Address  City State  State  State  FINAL NOTICE ** POST FALLS ID 53.854  Corporations: Enter Names and Addresses of President, Secretary and Directors Componies: Enter Names and Addresses of I Managers or Members (check one)  Office held  Name  Street or P.O. Address  City State  Zip  POST FALLS ID 83.854  City State  Zip  POST FALLS ID 83.854  City State  Zip  POST FALLS ID 83.854  City State  Zip	Return to:	Annual Report Form 1997  Due No Later Than November 30,	2. Registered Agent and Office NOT A P.O. BOX
PO BOX 83720 BOISE, ID 83720-0080  NO FEE REQUIRED  * FINAL NOTICE ** POST FALLS ID 83354  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  POST FALLS ID 83354  Corporations: Enter Names and Addresses of President, Secretary and Directors  Coffice held  Name  Street or P.O. Address  City State Zip  POST FALLS ID 83854  Corporations: Enter Names and Addresses of Managers or Members (check one)  Street or P.O. Address  City State Zip  POST FALLS ID 83854  Corporations: Enter Names and Addresses of Managers or Members (check one)  Street or P.O. Address  City State Zip  POST FALLS ID 83854  Corporations: Enter Names and Addresses of Managers or Members (check one)  Street or P.O. Address  City State Zip  POST FALLS ID 83854  Corporations: Enter Names and Addresses of Managers or Members (check one)  Street or P.O. Address  City State Zip  Corporations: Enter Names and Addresses of Managers or Members (check one)  Street or P.O. Address  City State Zip  Corporations: Enter Names and Addresses of Managers or Members (check one)  Street or P.O. Address  City State Zip  Corporations: Enter Names and Addresses of Managers or Members (check one)  State Zip  Corporations: Enter Names and Addresses of Managers or Members (check one)  State Zip  Corporations: Enter Names and Addresses of Managers or Members (check one)  State Zip  Corporations: Enter Names and Addresses of Managers or Members (check one)  State Zip  Corporations: Enter Names and Addresses of Managers or Members (check one)  State Zip  Corporations: Enter Names and Addresses of Managers or Members (check one)  State Zip  Corporations: Enter Names and Addresses of Managers or Members (check one)  State Zip Addresses of Managers or Members (check one)  State Zip Addresses of Managers or Members (check one)  State Zip Addresses of Managers or Members (check one)  State Zip Addresses	SECRETARY OF OTHER	- Catel Hidil November 20	Section Agent and Office NOT A P.O. BOX
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Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Compenies: Enter Names and Addresses of Managers or Members (check one)  Office held Name Street or P.O. Address  City State Zip  President Rown Desirals ID 83854  President Scotty Farewith  Street or P.O. Address  City State Zip  President Scotty Farewith  Street or P.O. Address  City State Zip  President Scotty Farewith  6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true correct and pomplete.  Name (Typed or Printed)  Name (Typed or Printed)  Name Printed or Post Act (State)  Name Printed or Post Act (State)  Name Printed or Post Act (State)  Name Typed or Post Act (State)  Name Printed or Post Act (State)  Name Typed or Post Act (State)  Name Printed or Post Act (State)	NO FEE REQUIRED	W 808 MULLAN #B	I Doct cars.
Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Ma	* FINAL NOTICE **	POST FALLS	3. Organized Under the Laws of:
Office held Name Street or P.O. Address City State Zip  PESCHANT RONDESSARIOUS 808W MILLAN POSTIGUS 1D 83859  PESCHANT SCOTTY FREND 54.8  CICLERY DAVICUE FREND  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 Correct and complete.  Name (Printed) PCAI DES RAIS Title President 1	Corporations: Enter Names	10 63854	ID 6109400
Office held Name Street or P.O. Address City State Zip  PESCHANT RONDESSARIOUS 808W MILLAN POSTIGUS 1D 83859  PESCHANT SCOTTY FREND 54.8  CICLERY DAVICUE FREND  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 Correct and complete.  Name (Printed) PCAI DES RAIS Title President 1	Limited Liability Companies: Er	nter Names and Address of President, Secretary and Directors	<u> </u>
Street or P.O. Address  City State Zip  PESCHAPT RONDESSACIONS 808W MINIMAN POSTIGITS 1D 83854  PESCHAPT SCORPLE FOR END  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 ANA description Date 12-15-7  Name (Typed or Printed) PCA Description Title President 1	Office hatel	Members (	Check one)
First that this annual Report has been examined by me and is to the best of my  Signature Printed or PCAI DES PAIS Title President  State Zip	rearrie	Change	ľ
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