## INSTRUCTIONS ON REVERSE SIDE

10		A Corporation Annual Report Form		2. Registered Agent and Office	
Return Folia State  Secretary of State  Room 203, Statehouse		Due No Later Than November 1,  Mailing Address — Please Correct  LEWISTON NEIGHBORHOODS ASSOCIATION, INC.		MARION DELANEY 2122 CAROL DR LEWISTON ID 33501	
FORFELTE	2 13/1/94 \$30.00	WARION DELANEY PO BOX 1845 LEWISTON ID 8	•	Incorporated Under T     of	he Laws 6562
. Names and A	ddresses of Officer	s and Directors	,		
		<u>Name</u>	Street or P.O. Address	City	State Zip
President: Secretary: Directors:		onald ki, V-Pres. 2nd V-Pres.	907 Linden 2611 4th Avenue North 829 Warner 3317 - 11th Street 932 Preston	Lewiston II Lewiston II Lewiston II Lewiston II Lewiston II	D 83501 D 83501 D 83501
. Nature of Bus	iness	6. I certify t	hat this Annual Report has been exam	ined by me and is to the I	best of my knowledge
Preserve	Neighborhood		ect and complete.	A	
Integrity		Signature Name (Typed Printed)	Jesue vocalonal	Date 2-5-96	
		Name Printed)	U Jessie MacDonald	Title Sec	cretary
			in the second se	96	4