INSTRUCTIONS ON REVERSE SIDE

Vo. 58297	4	Idaho Corporation Annual Report Form		2. Registered Agent and Office				
Return To Secretary of State Room 203, Statehouse Boise, ID 83720		Due No Later Than November 1,1988				JAMES C. HEAVER P.O. BOX 1318 MCCALL. ID		
		1. Mailing Address - Please Correct 082974						
		RIVER OF NO RETURN FOUNDATION, I JAMES C. WEAVER			83638	E 1	VIERED	
					3. Incorporated Under The Laws			
*		P-0- 60X				of	በር	T 2 0 1988
୍ଥ ଓଡ଼ି	T 10 (19 9	[]9MCCALL• 1 83638	O.			STATE OF		
. Names and	Addresses of Office	ers and Directors		**				
. Names and	Addresses of Office	ers and Directors Name		Street o	r P.O. Address	City	State	Zio
	Addresses of Office Cutler Umb	<u>Name</u>	P.O.	Street o			State	
President:		Name each	P.O. P.O.	Вох	AN	City McCall	State ID	83638
President: Secretary:	Cutler Umb Clay Morga Cutler Umb	Name each in each		Box Box	AN AT	City	<u>State</u> ID ID	83638 83638
. Names and President: Secretary: Directors:	Cutler Umb	Name each in each in	P.O.	Box Box Box	AN AT AN	City McCall McCall	State ID	83638

5. Nature of Business	6. I certify that this Annual Report has been examined	d by me and is to the best of my knowledge
Enhance wilderness qual-	true, correct and complete the celes	
ities of Frank Church Rive	r Signature	Date July 18, 1988
of Nobturn Wilderness	Name (Typed or Private) Cutler Umbach	^{Title} President