₩o.	c 7920	2		nual Report Form Later Than November 30,	1996	2. Registered Ager	it and Office NO	T A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED		TE.	·	Please Correct, If Not Correct		MICHAEL ROUTE 12		
		ļ	MOUNTAIN \	VIEW CONSTRUCTIO	N .	ST. MAR	IES ID	83861
		,	P. 0. BOX 113			3. Organized Under the Laws of:		
. Corp		Names and A		ent, Secretary and Directors		ID	C7	9232.
Pres	<u>e held</u> sident retary		. LaPlante	Street or P.O. Address P. O. Box 581 unte P. O. Box 581		<u>City</u> Maries Maries	State ID ID	83861 83861
Di re	antor	Michael P	LaPlante	P 0 Box 581	9+	Maries	Τ'n	83861
Dire	ector	Michael F	. LaPlante	P. O. Box 581	St.	Maries	ID	83861
	FURE OF		6. I cert know	ify that this Annual Report h	as been e	kamined by me		,
NA T		BUSINESS	6. I cert know Signa	ify that this Annual Report h	as been ex	kamined by me	and is to the t	pest of my
NA T	TURE OF S	BUSINESS	6. I cert know Signa Name	ify that this Annual Report h vledge true, correct and comp ature	as been ex	xamined by me	and is to the t	pest of my