

Annual Report Form

1993

Due No Later Than November 30,

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

* FIRST NOTICE *

1. Mailing Address - Please Correct, If Not Correct

CME PROTOCOL LIMITED LIABILITY
DWIGHT G ROMRIELL
13840 N MOONGLOW

POCATELLO

ID 83202

2. Registered Agent and Office NOT A P.O. BOX

DWIGHT G ROMRIELL
13840 N MOONGLOW

POCATELLO

ID 83202

3. Organized Under the Laws of:

ID

W 4840

4. Corporations: Enter Names and Business 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

Manager Dwight G. Romriell
Member Grant Gites

5. Signature of New Registered Agent

6.

Signature

Date

7-11-98

Name (Typed or Printed)

Dwight G Romriell

Title

Manager

ISSUED: 07-03-1998

DO NOT TAPE OR STAPLE

150