| Idaho Corporation Annual Report Form 2. Registered Agent and Office NOT A P.O. BC | | INSTAL | JCTIONS ON REVERSE SIDE | | s succession by | |
|---|---|------------------------------------|-------------------------|---|----------------------|----------|
| Due No Later Than November 1,1991 TIMOTHY E. AULT 491 GARRITY Blod. MORNING MIST KENNELS, INC. TIMOTHY E. AULT 3. Incorporated Under The Laws of 10 NAMPA ID 83687 NO: 089190 4. Names and Addresses of Officers and Directors Name Street or P.O. Address City State Zip President: Timothy E. Ault 491 Garrity Blod. Name Street or P.O. Address City State Zip President: Timothy E. Ault 491 Garrity Blod. Name Street or P.O. Address City State Zip President: Timothy E. Ault 491 Garrity Blod. Name To 83687 No: 089190 5. Nature of Business 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 Superline Correct the Author Complete. Signature Correct the Author Complete. Date 2-12-91 | No. 40100 | Due No Later Than November 1, 1991 | | 2. Registered Agent a | nd Office NOT A P.O. | BOX |
| Secretary of State Room 203, Statehouse Boise, ID 83720 MORNING MIST KENNELS, INC. IIMOTHY E. AULT 4491 GARRITY NO FEE REQUIRED NAMPA ID 83687 NO: 089190 4. Names and Addresses of Officers and Directors Name Street or P.O. Address City State Zio President: T. nothy E. Ault 4491 Garrity Blut. Namp Tit. 8363 5. Nature of Business 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 Date Date 7-/2-9/ | Return To Secretary of State Room 203, Statehouse | | | TIMOTHY E. AULT 100. | | |
| HORNITHY E. AULT AUGUST STREET TO 83687 NO FEE REQUIRED NAMPA ID 83687 NO: 089190 4. Names and Addresses of Officers and Directors Name Street or P.O. Address City State Zip President: Timethy E. Ault Secretary: Analis E. Ault Uy91 Garrity Blad. Namps ID 83687 NO: 089190 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 Signature Lamph Call Date 7-12-9/ | | | | | | |
| NO FEE REQUIRED NAMPA ID 83687 NO: 089190 4. Names and Addresses of Officers and Directors Name Street or P.O. Address City State Zip President: Timethy E. Ault Secretary: Amelia 2. Ault Uy91 Garrity Blad. Nampa Id. 8368 Directors: 8. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature Date 7-12-94 | | TIMOTHY E. AULT | | NAMPA | ID 9368 | 7 |
| 4. Names and Addresses of Officers and Directors Name Street or P.O. Address City State Zip President: Timethy E. Amilt Secretary: Amalia R. Amilt Directors: 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 Street or P.O. Address City State Zip Name 1. 8363 Name T. 8363 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 Date 7-12-91 | | | | 1 · · · · · · · · · · · · · · · · · · · | | |
| President: Timethy E. Aust 499 Garrity Blod. Name 3308 Secretary: Analia R. Aust 4991 Garrity Blod. Name Id. 8308 Directors: 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 Signature Signature Call Block Date 7-12-91 | NO FEE REQUIRED | NAMPA | ID 83687 | NO: 089190 | | |
| President: Timethy E. Ault Secretary: Amalia R. Ault Ulrectors: 5. Nature of Business 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 Signature Signature Date 7-/2-9/ | 4. Names and Addresses of Office | rs and Directors | | | | |
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| 5. Nature of Business 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 Signature Date 7-/2-9/ | President: Timothy E. | Ault | 4491 Garrity Bh | d. Namga | Id 836 | 87 |
| frue, correct and complete. Signature Jemell E. Cult Date 7-/2-9/ | Secretary: Amel. 2 2, A | 9-14 | 4491 Garaty Blo | ed. Nampa | Id. 836. | 97 |
| frue, correct and complete. Signature Jemell E. Cult Date 7-/2-9/ | | | | | | |
| Name Print Title Pres. | | true, col Signature | rrect and complete. | • | | e |
| | Not Veuve | Name Printe | Timothy E. Ault | Title | Pres. | |