

NAME
10 FEB -3 AM 8:22

SECRETARY OF STATE
STATE OF IDAHO
Signed gives notice

Pursuant to Section 53-507 and 53-508, Idaho Code, the undersigned gives notice of the action(s) indicated below:

- | Add: | Delete: | Name: | Address: |
|--------------------------|--------------------------|-------|----------|
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

- 8. Name and address for this acknowledgment copy is:**

Post Falls, ID 83854

(see instruction # 9 on back of form)

Secretary of State use only

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Revised 04/2003