| No. C 8495 | 4 | Annual Report Form Oue No Later Than November 30. | 1999 2. | Registered Age | ent and Office NOT | A P.O. BOX |
|--|-------------------|---|-----------------------------|-----------------|-------------------------|------------|
| Return to: SECRETARY OF STA | TE 1. Mailing Add | Iress - Please Correct, If Not Correc | † | | . STEVENS COND AVENU | JE NORT |
| 700 WEST JEFFERSO PO BOX 83720 BOISE, ID 83720-008 NO FEE REQUIRE | RUTH | A. STEVENS, C.P.A A. STEVENS ECOND AVENUE NORTH | | TwIN F4 | ALLS ID | 83301 |
| * FIRST NOT | | | | 10 | C 84 | 954 |
| | | esses of President, Secretary and I Addresses of 📮 Managers or 💢 | Directors I Members (che | eck one) | | |
| Office held | Name | Street or P.O. Address | | <u>City</u> | <u>State</u> | Zìp |
| PRESIDENT | RUTH M. STEVENS | S PO BOX 394 | | TWIN FA | LLS IDAHO | 83303 |
| SECRETARY | BONNIE J. HARPS | STER PO BOX 394 | | TWIN FA | LLS IDAHO | 83303 |
| DIRECTOR | RUTH M. STEVENS | S PO BOX 394 | | TWIN FA | LLS IDAHO | 83303 |
| | | | | | | |
| 5. Signature of New | Registered Agent | Signature Bonnie J. Name (Typed or Printed) | / | <u>tıc</u> Date | 7-23-9 SECRETARY | |
| * | 17-07-4000 | | | | | |

ISSUED: 07-03-1999

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