Directors: July 1			ONS ON REVERSE SIDE	ISSUED: 0		
Secretary of State Room 203, Statehouse Boise, ID 83720  1. Mailing Address — Please Correct  VAN KOMEN, CHARTERED GARY VAN KOMEN P. 0. 80X 849  MCCALL ID 3. Incorporated Under The Laws of ID  NO: 065614  4. Names and Addresses of Officers and Directors  Name Street or P.O. Address City State	4	Idaho Corporatio	n Annual Report Form	2. Registered Agent a	nd Office	
Secretary of State Room 203, Statehouse Boise, ID 83720  VAN KOMEN, CHARTERED GARY VAN KOMEN P. 0. BOX 849  NO FEE REQUIRED  MCCALL ID  3. Incorporated Under The Laws of ID  NO: 065614  4. Names and Addresses of Officers and Directors Name Street or P.O. Address City State		Due No Later Than	November 1, 1990			
Room 203, Statehouse Boise, ID 83720  VAN KOMEN, CHARTERED GARY VAN KOMEN P. 0. BOX 849  NO FEE REQUIRED  MCCALL ID 83538  NO: 065614  Names and Addresses of Officers and Directors  Name Street or P.O. Address  City State	1 Mai	ling Address — Pleas	se Correct	415 RAILROA	D AVENUE	
P. O. BOX 849  NO FEE REQUIRED MCCALL ID 83538 NO: 065614  Names and Addresses of Officers and Directors  Name Street or P.O. Address City State	203, Statehouse			MCCALL	ΙĐ	83638
4. Names and Addresses of Officers and Directors  Name Street or P.O. Address City State					The Laws	, ,
Name Street or P.O. Address City State			ID 83638	NO: 065614		
<u></u>	Addresses of Officers and D	irectors			· <del>_</del>	
President: Secretary: Directors:  GARY VAN KOMU P.O. BOX 849  Mc[al] Id  CARY VAN KOMEN "  CARY VAN KOMEN "  10	_			<u>City</u>	<u>State</u>	<u>Zip</u>
Secretary: Directors:  July " " " " " " " " " " " " " " " " " " "		1- 1 Van 1	PO 300 849	METALI	72	83638
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COART VAN KOMEN "	July.	u d	16	, 2		4
	GARY V	AN KOME	<b>√</b> "	/	•	
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6. I certify that this Annual Report has been examined by me and is to the best of my kr true, correct and complete/	ısiness	6. I certify that the	his Annual Report has been exa	amined by me and is to th	e best of my k	nowledge
Signature Deer/Au John Date 7-13-90	) O ( -	Signature	den/an	En Date	7-13-9	<b>り</b>
Signature Decyller Title 1700 Date 1-13-70 Name (Typed or Printed) Capter 1/44 Comish Title 1700	' Practice	Name (Typed or Printed)	Color Hay Son	Title /	200	<del>-</del>