| lo. C 87210 | | Innual Report Form 1 + No Later Than November 30, | | t and Office NO * | T A P.O. BOX |
|---|--|--|-----------------------|--------------------------|--------------------|
| Return to: SECRETARY OF STATE | 1. Mailing Address | - Please Correct, If Not Correct | 1109 MA | | STE. 451 |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | AKERIES INCORPORATE SGOOD 1098 | POISE | ID | 83702 |
| NO FEE REQUIRED | 1 SOX | 10.5 | 3. Organized Unde | r the Laws of: | |
| ** FINAL NOTICE ** | ع210ء | ID 63701 | 10 | C 8 | 7210 |
| . Corporations: Enter Names an Limited Liability Companies: En | d Addresses of Pres ter Names and Addr | sident, Secretary and Directors esses of Managers or Memb | pers (check one) | | , |
| Office held Name | | Street or P.O. Address | City | <u>State</u> | <u>Zip</u> |
| PRES / DIRECTOR JAME | S A. OSGOOD | P.O. BOX 1698 | BOISE | ID | [,] 83701 |
| | N OSGOOD | P.O. BOX 1698 | BOISE | ID | 83701 |
| SEC / DIRECTOR KARE | | | | - | · |
| SEC / DIRECTOR KARE | | | | • | |
| | | ertify that this Apadal Report has be | en samined by | and is to the b | est of my |
| NATURE OF BUSINES | SS 6. Lc | ertify that this Appual Report has be owledge true for ect and complete | an stamined by Date 1 | and is to the b | est of my |
| | SS 6. I c kn Sig | nature | Date 1 | <u>10/11/96</u> | est of my |
| NATURE OF BUSINES | SS 6. I c kn Sig | | Date 1 | and is to the b | est of my |
| NATURE OF BUSINES | SS 6. I c kn Sig | nature | Date 1 | PRESIDENT | est of my |
| NATURE OF BUSINES | SS 6. I c kn Sig | nature | Date 1 | PRESIDENT | est of my |
| NATURE OF BUSINES | SS 6. I c kn Sig | nature | Date 1 | PRESIDENT | est of my |
| NATURE OF BUSINES | SS 6. I c kn Sig | nature | Date 1 | PRESIDENT | est of my |