No. C 5184	46	Annual Report Form	1 9 9 7 2. Registered Agen	t and Office NOT A P.O. BO	
Return to: SECRETARY OF STA	ATE 1. Mailing	Due No Later Than November 3 Address - Please Correct, If Not Corr	O, HELEN F	OUST	
700 WEST JEFFERS PO BOX 83720 BOISE, ID 83720-008	, rva.	STS, INC. EN FOUST	P 0 30X 6738 DEN	VER St.	
NO FEE REQUIRE	1	B0X 268		FERR ID : 8380:	
* FINAL NOT	ICE ** BONN	BONNERS FERRY ID 83805		3. Organized Under the Laws of:  ID C 51846	
Limited Liability Co	r Names and Business A Ompanies: Enter Names a	ddresses of President, Secretary and Addresses of Addresses of Managers or	Directors  Members (check one)	0 31040	
Office held	<u>Name</u>	Street or P.O. Address	<u>City</u>	State Zip	
PRESIDENT: SECRETARY: DIRECTORS	HELEN FOUST THOMAS FOUST	PO BOX 268 PO BOX 915	BONNERS FERRY BONNERS FERRY	ID 83805 ID 83805	
DIRECTORS	TIMOTHY FOUST	RT 4 BOX 4949	BONNERS FERRY	ID 83805	
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704		Name (Typed or Ruth Ann	Wicson Title	neasure	
ISSUED: 1	0-04-1997	DO NOT TAPE OR S		339	
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