| lo. c112527  |                      | Annual Report Form  Due No Later Than November 30,                                       |                   | 2. Registered Agent and Office NOT A P.O. BOX                         |   |  |
|--|----------------------|--|-------------------|---|---|--|
| Return to:<br>SECRETARY OF STATE                           | 7. Mailing Ado       | 1. Mailing Address - Please Correct, If Not Correct                                      |                   | XEY<br>Lam awa  |   |  |
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| * FIRST NOTICE *   | COFUR                | DIALENE TO RERIA   |                   | r11   | 12527   |  |
|  |                      | President, Secretary and Directors<br>Addresses of Managers or Mer                       | nbers (check one) | • •   |   |  |
| Office held Name   | 2.                   | Street or P.O. Address   | <u>City</u>       | <u>State</u>  | <u>Zip</u>                                      |  |
| pres in a  | fipples.             | 1636 MACKEADOLE DR   | cocup d'Acco      | 日母  | 83814   |  |
| V.P. SANDY   | fippless.<br>Bus Gon | 406 SHERMAN AV.  | **                | 44  | *4  |  |
| SEC. MARK  | SAURSON              | 110 WALLACE AV   | <b>e</b> g:       | 44  | 4   |  |
| TREMS. RICK  | maxey                | POBOK 1767   | <b>94</b>         | •4  | 83116   |  |
| NATURE OF BUSINE   | 1                    | 5. I certify that this Annual Report has I knowledge true, correct and complet Signature |                   | nd is to the  | best of my                                      |  |
| BENEFIT LOCAL  | LIBRARY              | Name (Typed or Printed)  | Title _           | TREM  | <u>(,                                      </u> |  |
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