lo. * +3 ?		nual Report Form Later Than November 30,	2. Registered Ager	nt and Office No			
Return to: SECRETARY OF STATE		Please Correct, If Not Correct	277 N 61		SUITE 20		
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	ES BENSO	NO OTTS LEMA		I	83732		
NO FEE REQUIRED		,			3. Organized Under the Laws of:		
* FIRST NOTICE *	BOISE	ID 83702		W	439		
Corporations: Enter Names Limited Liability Companies:	Enter Names and Address	ses of 🗷 Managers or 🔲	s Members (check one)				
Office held  MANAGER  OFF	s Lemmon 2	Street or P.O. Address 200 H. G世のT.	BOISE	State IV.	83702		
11 DEFF	PEY SHUKIDEN	, 11	11	61	- 4		
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SIGNATURE OF CU	knov	tify that this Annual Report wedge true, correct and compature	per been examined by me plete.  Date	and is to the	best of my		
ISSUFA: 37-08	Name	e (Typedar Offs/LE	Title 4	MANAE	ÆR		
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