No. C1056	1 /	Annual Re	eport Form 19 han November 30,		Agent and Office N	IOT A P.O. BOX
Return to:	1 Ma	iling Address - Please Co		ANDY	SANDERS	
SECRETARY OF ST	ATE HIS	THE THEFT CAME	STRUCTION, INC	401 Si	ECOND ST	NORTH ST
PO BOX 83720	3014	AFFIRGUE COMS	SIKOCITOMS INC	i		
BOISE, ID 83720-00	980 j <sub>1 (</sub>	061 INDUSTRIA	U UNA	TWIN	FALLS I	D 83301
NO FEE REQUIR	ED '`	201 THOUSTKIN	L WAT			
* FINAL NO	TTCF **   17	NGVIEW		i	Under the Laws of	:
			WA 98632	WA	C1	05617
Corporations: En Limited Liability (	ter Names and Addre companies: Enter Nam	esses of <b>President, Sec</b> nes and Addresses of $\Box$		bers (check one)		
Office held	<u>Name</u>		P.O. Address		<b>~</b>	
NESIDENT	- 11		abustriac Way	<u>City</u>	<u>State</u>	Zip
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NATURE OF		6. I certify that the following the fire the fir	his Annual Report as be	een examined by n	ne and is to the	best of my
	BUSINESS	6. I certify that ti	his Annual Renor bas be	een examined by n		best of my
GENERAL	BUSINESS CONTRACTOR	6. I certify that the following the fire the fir	his Annual Report as be	een examined by n	ne and is to the $10/3c$	best of my
	BUSINESS	6. I certify that the knowledge trues of the Signature of Printed of Printed of the Name (Typed or Printed)	his Annual Regordas be ue, correct complete	een examined by n	ne and is to the	best of my
GENERAL	BUSINESS CONTRACTOR	6. I certify that the knowledge trues of the Signature of Printed of Printed of the Name (Typed or Printed)	his Annual Report as be	een examined by n	ne and is to the $10/3c$	best of my
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