
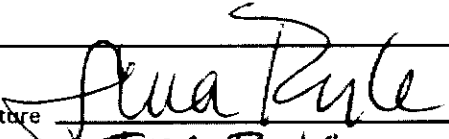
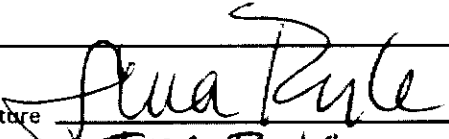
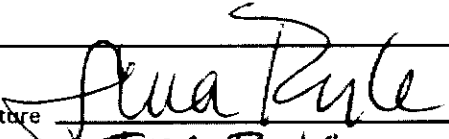


No. C 95703	Annual Report Form 1999 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct		TINA RYLE 127E COLLEGE AVE. ST. MARIES ID 83861								
	MICON, INC. TINA RYLE 127E COLLEGE AVE. ST. MARIES ID 83861										
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input checked="" type="checkbox"/> Members (check one)			3. Organized Under the Laws of: ID C 95703								
Office held  President Tina Ryle	Name 127 E College St. Maries Id. 83861	<table border="1"> <thead> <tr> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Street or P.O. Address	City	State	Zip				
		Street or P.O. Address	City	State	Zip						
5. Signature of New Registered Agent	6. <table border="1"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>8/13/99</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Tina Ryle</td> <td>Title</td> <td>pres.</td> </tr> </table>			Signature		Date	8/13/99	Name (Typed or Printed)	Tina Ryle	Title	pres.
Signature		Date	8/13/99								
Name (Typed or Printed)	Tina Ryle	Title	pres.								

ISSUED: 07-03-1999

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