

No. C 50973

Annual Report Form

Due No Later Than November 30, 1995

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

1. Mailing Address - Please Correct, If Not Correct
BONNERS FERRY PROFESSIONAL C
MARK R BARKER
P.O. BOX U
BONNERS FERRY ID 83805

MARK R. BARKER
420 NORTH MAIN
BONNERS FERRY ID 83805
3. Organized Under the Laws of:
ID C 56970

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
Pres	James R. Hill	P.O. Box 1419	Bonnere FERRY,	ID	83805
Secretary	Mark R. Barker	P.O. Box U	Bonnere Ferry	ID	83805
Director	Rosemary Hill	P.O. Box 1419	Bonnere Ferry	ID	83805

5. NATURE OF BUSINESS
OFFICE RENTAL

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.
Signature Mark R Barker Date 7-15-96
Name (Typed or Printed) MARK BARKER Title Secy/Treas

ISSUED: 07-06-1995

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