NO. C 5yyy1 Return to:	Annual Report Form 130	7 2. Registered Agent and Office NOT A P.O. BOX
SECRETARY OF STATE	Mailing Address - Please Correct, If Not Correct	SAMFORD PECK
700 WEST JEFFERSON PO BOX 83720	COLLEGE AVENUE SAPTIST CHURC	4201/2 12TH ST
BOISE, ID 83720-0080	I SAMPURD SECK	CT- MARIES ID 83861
NO FEE REQUIRED	830 COLLEGE AVENUE	. ,0300
* FINAL NOTICE **	ST. MARIES TO STRAT	3. Organized Under the Laws of:
Corporations: Enter Names a	10000	ID C 59991
	nd Addresses of President, Secretary and Directors one Names and Addresses of Managers or Addresses	rs (check one)
Office held Name	<b>O</b>	
President Sai	stord Peck AZOK 12HSt	City State Zip
	Alexand I as Committee to the	5+. Maries ID 83861
IPPOTATO PRO		
Decretary MP	THUT LETTON 432 13184	St Maries ID 83861
Director All	vin Albert 128 Lincoln Ave	St. Maries ID 83861 St Maries ID 83861 Millton, States ID 83861
Director All	ntord Peck 4201/2145+ thur Leifson 432 13 <sup>th</sup> 5+ vin Albert 128 Lincoln Ave	St Maries ID 83861 Milltown, Status ID 83861
Director All	vin Albert 128 Lincoln Ave	St Maries ID 83861 Milltown, States ID 83861
Director All	vin Albert 128 Lincoln Ave	St Maries ID 83861 Millhown, Status ID 83861
Director All	vin Albert 128 Lincoln Ave	St Maries ID 63861 Milltown, Status ID 83861
Director All	vin Albert 128 Lincoln Ave	St Maries ID 63861 Milltown, Statutes ID 83861
Director Al	vin Albert 128 Lincoln Ave	St Maries ID 63861 Milltown, Status TD 83861
Director Al		Milltown, Statutes TD 83861
Director Al	6. I certify that this Annual Report has been	Milltown, Statutes TD 83861
Director Al	I certify that this Annual Report has been knowledge true, gorrect and complete.	Millfown, 3/ Weeks TD 8386
Director Al	6. I certify that this Annual Report has been knowledge true, gorrect and complete.  Signature	Milltown, Statutes TD 83861
	6. I certify that this Annual Report has been knowledge true, correct and complete.  Signature	examined by me and is to the best of my  Date 10/20/97
Director All	6. I certify that this Annual Report has been knowledge true, chirect and complete.  Signature  Name (Typed or San Ford Parities)	Millfown, 3/ Weeks TD 8386
	6. I certify that this Annual Report has been knowledge true, chirect and complete.  Signature  Name (Typed or San Ford Parities)	examined by me and is to the best of my  Date 10/20/97
	6. I certify that this Annual Report has been knowledge true, chirect and complete.  Signature  Name (Typed or San Ford Parities)	examined by me and is to the best of my  Date 10/20/97  Title President
	6. I certify that this Annual Report has been knowledge true, chirect and complete.  Signature  Name (Typed or San Ford Parities)	examined by me and is to the best of my  Date 10/20/97  Title President
	6. I certify that this Annual Report has been knowledge true, chirect and complete.  Signature  Name (Typed or San Ford Parities)	examined by me and is to the best of my  Date 10/20/97  Title President